

SUPPLEMENT

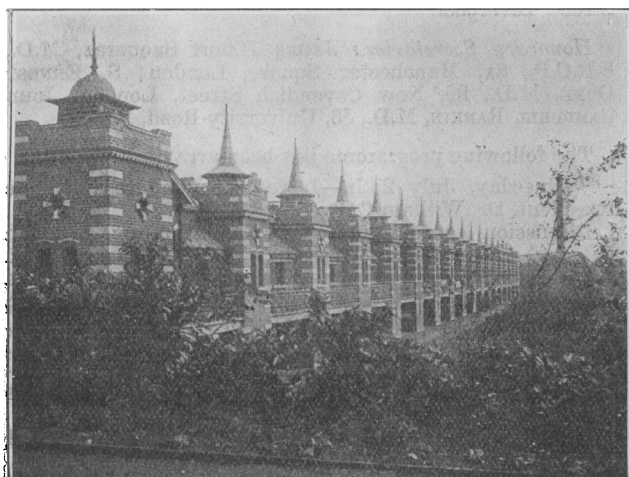
TO THE

BRITISH MEDICAL JOURNAL.

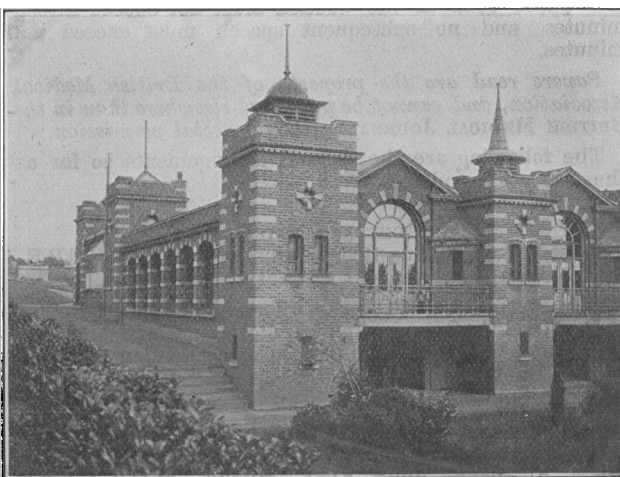
LONDON: SATURDAY, JULY 3, 1909.

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Royal Victoria Hospital, Belfast: South-west corner.



Royal Victoria Hospital, Belfast: South front.

THE SEVENTY-SEVENTH ANNUAL MEETING

OF THE

BRITISH MEDICAL ASSOCIATION,

BELFAST,

JULY 23RD TO JULY 31ST, 1909.

President:

SINCLAIR WHITE, M.Ch., F.R.C.S., Senior Honorary Surgeon, the Royal Infirmary, Sheffield.

President-elect:

Sir WILLIAM WHITLEA, M.D., LL.D., Professor of Materia Medica and Therapeutics, Queen's College, Belfast.

Past-President:

HENRY DAVY, Hon.D.Sc., M.D., F.R.C.P.Lond., Physician, Royal Devon and Exeter Hospital, Exeter.

Chairman of Representative Meetings:

JAMES ALEXANDER MACDONALD, M.D., M.Ch., R.U.I., Physician, Taunton and Somerset Hospital.

Chairman of Council:

EDMUND OWEN, Hon.D.Sc., LL.D., F.R.C.S., Consulting Surgeon, St. Mary's Hospital, London.

Treasurer:

EDWIN RAYNER, M.D.Lond., F.R.C.S., Consulting Surgeon, Stockport Infirmary, Stockport.

The Seventy-seventh Annual Meeting of the British Medical Association will be held in Belfast in July, 1909. The President's address will be delivered on Tuesday, July 27th, and the Sections will meet on the three following days. The Annual Representative Meeting will begin on Friday, July 23rd, 1909.

PROGRAMME OF BUSINESS.

The Address in Medicine will be delivered by R. W. PHILIP, M.D., F.R.C.P. Edin., Physician, Royal Infirmary, and Royal Victoria Hospital for Consumption, Edinburgh.

*The Address in Surgery will be delivered by ARTHUR EDWARD JAMES BARKER, F.R.C.S., Professor of the Principles and Practice of Surgery, University College, London.

The Address in Obstetrics will be delivered by Sir JOHN W. BYERS, M.D., Professor of Midwifery and Diseases of Women, Queen's College, Belfast.

The Popular Lecture will be delivered by Dr. J. A. MACDONALD, Physician to the Taunton and Somerset Hospital, Chairman of the Representative Meetings.

THE SECTIONS.

The scientific business of the meeting will be conducted in fifteen Sections, which will meet on Wednesday, July 28th, Thursday, July 29th, and Friday, July 30th.

The President, Vice-Presidents, and Honorary Secretaries of each Section constitute a Committee of Reference for that Section, and exercise the power of inviting, accepting, or declining any paper, and of arranging the order in which accepted papers shall be read. Communications with respect to papers should be addressed to one of the Honorary Secretaries.

A paper read in the Section must not exceed fifteen minutes, and no subsequent speech must exceed ten minutes.

Papers read are the property of the British Medical Association, and cannot be published elsewhere than in the BRITISH MEDICAL JOURNAL without special permission.

The following are the general arrangements so far as they are yet complete:

ANATOMY AND PHYSIOLOGY.

President: CHARLES SCOTT SHERRINGTON, M.D., F.R.S., Physiological Laboratory, University, Liverpool.

Vice-Presidents: Professor THOMAS HUGH MILROY, M.D., F.R.S.E., Queen's College, Belfast; Professor PETER THOMPSON, M.D., King's College, Strand, London; ARTHUR PHILIP BEDDARD, M.D., F.R.C.P., 44, Seymour Street, Portman Square, London, W.; Professor ANDREW FRANCIS DIXON, M.B., D.Sc., 73, Grosvenor Road, Dublin.

Honorary Secretaries: ALEX. LOW, M.B., 142, Blenheim Place, Aberdeen; JOHN ALEX. MILROY, M.D., Queen's College, Belfast.

The following provisional programme has been arranged:

A discussion on the Deep Afferents, their Function and Distribution. To be opened by Professor C. S. Sherrington. The list of those who intend to take part in the discussion is not yet complete.

Papers.—The following papers have been accepted:

DIXON, Professor A. F., Dublin. The Anatomy of the Achondroplastic Skeleton.

JOHNSTON, H. M., B.A., M.B., B.Ch., Dublin. Notes on the Distribution of the Intercostal Nerves.

MACLEAN, Hugh, M.D., Liverpool. Phosphatides in the Light of Modern Research.

MILROY, John Alex., M.D., Belfast. (1) Some Observations on the Staining of the Central Nervous System in Bulk with Aniline Dyes (with demonstration); (2) Some Metallic Derivatives of Haematoporphyrin.

MOORE, Professor B., Liverpool. The Bio-Chemistry of Haemolysis.

PATTEN, Professor C. J., Sheffield. An Early Human Embryo. ROAF, Herbert E., M.D., Liverpool. A Simple Method of Demonstrating Cholesterol in Bile.

ANDERSON, Professor R. J., Galway. (1) Some Results of the Uniformity of Action and Habit; (2) Some Characters that make for Persistence (having regard chiefly to the Skeleton).

EARLE, H. G., and GOODALL, Dr. J. Strickland (London). The Structure of the Pancreas in Relation to Function (illustrated by microscopic and lantern slides).

SCANES-SPICER, Robert H., B.Sc., M.D. Lond. Some Points in the Mechanics of Respiration; (1) The Significance of the Transverse Axis of Cricothyroid Rotation in Respiration; (2) The Variations of Stress, Strain, and Friction in the Throat and Larynx in Costal and Abdominal Breathing respectively.

Professor Peter Thompson (London) will give a demonstration of models illustrating three stages in the form of the human heart during the first month of development.

DERMATOLOGY AND ELECTRO-THERAPEUTICS.

President: WILLIAM CALWELL, M.D., 6, College Gardens, Belfast.

Vice-Presidents: ROBERT BRIGGS WILD, M.D., 96, Mosley Street, Manchester LESLIE ROBERTS, M.D., 46, Rodney Street, Liverpool.

Honorary Secretaries: JAMES HARRY SEQUEIRA, M.D., F.R.C.P., 8A, Manchester Square, London; S. ERNEST DORE, M.D., 26, New Cavendish Street, London; JOHN CAMPBELL RANKIN, M.D., 38, University Road, Belfast.

The following programme has been arranged:

Wednesday, July 28th.—Introductory address by the President, Dr. William Calwell.

Discussion on Radium and Radio-therapy in Skin Disease. Dr. Louis Wickham, Head of the Radium Institute in Paris, will give a Lantern demonstration on the Treatment of Skin Diseases by Radium. Sir Malcolm Morris, K.C.V.O. (London), Professor Wild (Manchester), Dr. Pernet (London), Dr. Goodwin Tomkinson (Glasgow), Dr. Deane Butcher (London), Dr. R. W. MacKenna (Liverpool), Dr. Sequeira, and Dr. Dore have promised to take part in the discussion.

Thursday, July 29th.—9.30 a.m. Demonstration of Cases.

Discussion on the Mucous Membrane Lesions in Cutaneous Disease. To be opened by Sir Malcolm Morris, K.C.V.O. The frequent association of mucous membrane lesions with affections of the skin and their value in diagnosis will be special features, and the treatment of the commoner forms will be discussed. Dr. Wilfred Fox (London), and Dr. Campbell Rankin (Belfast) will take part in the discussion.

Friday, July 30th.—Discussion on the Supposed Risks attending the X-ray Treatment of Ringworm.

The special points on which discussion is invited are the possibility of injury to the cerebrum and idiosyncrasy.

Papers.—The following papers have been accepted:

WILD, Professor, Manchester. Acanthosis Nigricans. ST. GEORGE, Dr., Lisburn. Case of Acanthosis Nigricans, with sections.

ALLWORTHY, Dr. S. W., Belfast. Case of Cutaneous Actinomycosis, with photographs.

TOMKINSON, Dr. Goodwin, Glasgow. The Etiology and Treatment of Pruritus Ani.

EVANS, Mr. Wilmott, London. Cheiropompholyx.

FOX, Dr. Wilfred, London. The Choice of a Salt for Mercurial Injection in Syphilis.

HALL-EDWARDS, Dr., Birmingham. On Idiosyncrasy and X-ray Treatment.

MORTON, Dr. Reginald, London. Osseous Changes in Chronic X-ray Dermatitis.

BUTCHER, Dr. Deane. Electrical Treatment of Acne.

JONES, Dr. Lewis.

HAZELTON, Dr. E. B., Sheffield. X Rays in Gynaecology.

Dr. Stopford Taylor and Dr. MacKenna (Liverpool) will show casts and photographs of skin diseases in the Museum.

DISEASES OF CHILDREN.

President: HAROLD J. STILES, F.R.C.S. Edin., 9, Great Stuart Street, Edinburgh.

Vice-Presidents: JOHN McCRAW, M.D., 74, Dublin Road, Belfast; RICHARD WHYTOCK LESLIE, M.D., "St. Heliers," Strandtown, Belfast; ROBERT CAMPBELL, F.R.C.S., 21, Great Victoria Street, Belfast.

Honorary Secretaries: ANDREW FULLERTON, F.R.C.S.I., 8, University Square, Belfast; JOHN WILLIAM SIMPSON, M.D., 19, Lansdowne Crescent, Edinburgh.

It is proposed to devote some portion of three of the days on which the Section meets to the discussion of the following subjects:

Wednesday, July 28th.—Club Foot. To be introduced by Mr. Robert Jones, F.R.C.S. The following have signified their intention of taking part in the discussion: Mr. J. H. Nicoll, Mr. Alex. McLennan, Mr. E. Laming Evans, Mr. Edmund Owen, Sir George Beatson, Mr. Maynard Smith, and Mr. A. H. Tubby.

Mr. ROBERT JONES will deal with the congenital type and its varieties. Equino-varus is the only variety which presents difficulty. A brief statement of the anatomy. Treatment varies with stage of disease, and may be manipulative, operative, separately, or in combination. Treatment, though started at birth, can only be completed by act of walking. On the action of the tendo Achillis in producing varus, and its prevention. On the rotatory deformities of the tibia and fibula and their early correction. The neglected and so-called "recurrent" case and its management. The causes of so-called "relapse" and its prevention. The importance of an accurate knowledge of the signs of recovery. Mr. Jones will confine his remarks mainly to methods adopted in his own clinic.

Thursday, July 29th.—Functional Neuroses in Children. To be introduced by Dr. J. A. Coutts. The following gentlemen will take part in the discussion: Mr. Sidney Stephenson and Dr. G. E. Shuttleworth.

Dr. COUTTS will deal with the following points: Functional neuroses of early infancy. Faulty deglutition. Congenital dyspnoea. Congenital tremor. Pyloric stenosis. Antecedents of functional neuroses in older children. Cyclic vomiting. Migraine. Tics. Head nodding and head banging. Chorea. Hysteria. Incontinence of urine and faeces. Lienteric diarrhoea. Night terrors. Somnolence. Asthma.

Papers:

RAW, Dr. Nathan. Tuberculosis in Children.
NICOLL, Mr. J. H. Surgery of Infancy.
MCLENNAN, Mr. Alex. Madelon's Subluxation of the Wrists.
FORDYCE, Dr. A. Dingwall. Abdominal Tuberculosis in Young Children.
EDGINGTON, Mr. G. H. Case of Sarcoma of the Prostate in a Child.
POWER, Mr. D'Arcy. On the Value of New Tuberculin (TR) in Surgical Tuberculosis.
DUN, Mr. R. C.: The Association of a Patent Funicular Process with Certain Forms of Hydrocele; two cases of Median Hare-lip.
SMITH, Mr. Maynard. Exomphalos.
CARMICHAEL, Mr. E. Scott. Pneumococcal Peritonitis in Children, with a Record of Twenty Cases.
MONSARRAT, Mr. K. W. Acute Staphylococcal Osteitis.

HAEMATOLOGY AND VACCINE THERAPY.

President: Sir ALMROTH WRIGHT, M.D., F.R.S., 6, Park Crescent, Regent's Park, London, N.W.

Vice-Presidents: ALEX. GARDNER ROBB, M.B., 15, University Square, Belfast; THOMAS HOUSTON, M.D., 95, Great Victoria Street, Belfast; Captain STEWART RANKIN DOUGLAS, I.M.S., Inoculation Department, St. Mary's Hospital, London.

Honorary Secretaries: WILLIAM DUNLOP DONNAN, M.D., 12, High Street, Holywood, co. Down; DUDLEY W. CARMALT-JONES, M.B., B.Ch.Oxon., 78, Wimpole Street, London, W.

The following programme has been arranged:

Wednesday, July 28th.—Opening Address on Retrospect and Prospect by the PRESIDENT, of which the following is a synopsis:

Brief survey of the therapeutics of bacterial diseases, and of the development of therapeutic immunization out

of prophylactic immunization. Anticipation that the method of passive immunization (serum-therapy) would furnish a general method for the treatment of generalized bacterial infections. Question as to how far this anticipation has been realized. Proposal that localized bacterial infections might appropriately be treated by active immunization (vaccine therapy). Subsequent suggestion that vaccine-therapy might be applied also to generalized infections. Brief synopsis of the results which have been achieved by this therapeutic method. Question as to what future extensions may be anticipated for the method depends upon whether the fundamental assumption of the method—that is, the assumption that the machinery of immunization can be called into action in every bacterial infection by a suitable dose of the appropriate vaccine—is well founded. Consideration of this question. Urgent need for further study of the physiology of the machinery of immunization. Possible applications of vaccine therapy in connexion with the secondary infections of scarlatina, small-pox, cancer, whooping-cough, and hay fever, and in connexion with the limitation of family and institutional epidemics.

Thursday, July 29th.—Discussion: The Early Diagnosis of Tuberculosis for the Effective Treatment of that Disease. To be opened by Professor CALMETTE, l'Institut Pasteur de Lille, with a paper of which the following is a synopsis:

(1) Experimental researches have shown that tuberculous infection is at first confined to glands, that its spread depends on the number and virulence of the bacilli, that if few they are destroyed or calcified in the glands, and that serious lesions are due to single massive or repeated small infections; early diagnosis is essential for cure. (2) Consideration of the relative value of cutaneous, conjunctival, and intradermo reactions in diagnosis; and, further, of those of "reactions of recrudescence," and humoral and phagocytic reactions. (3) Suggested routine employment of the above for the isolation of infected subjects.

Friday, July 30th.—Discussion: Bacterial Infections of the Respiratory Tract other than Tuberculous. To be opened by Dr. BORDER, who will deal with the micro-organism of whooping-cough. A coccobacillus was isolated in 1906 with definite cultural and staining peculiarities. Filtered cultures are non-toxic, but endotoxins are highly virulent and produce the essential symptoms of whooping-cough. Specific properties are present in the serum of convalescents, which may be demonstrated by the method of the fixation of complement.

The following papers have been accepted:

NOON, Mr. Leonard. The Site of Inoculation as Influencing the Immunity Produced.
GOLLA, Dr. The Antitryptic Index.
INMAN, Dr. The Value of the Opsonic Index in Diagnosis and Regulation of Treatment of Tuberculosis.
CARMALT-JONES, Dr. (1) Review of Inoculation Treatment of Tuberculosis, with Special Reference to Glands; (2) The Treatment of Bronchial Asthma by a Vaccine.
SMITH, Mr. Maynard. The Inoculation Treatment of Tuberculous Arthritis.
PATERSON, Dr. The Value of Inoculation in the Sanatorium Treatment of Phthisis.
WILLCOX, Dr. The Treatment of Pneumonia by Inoculation.
BENHAM, Dr. The Bacteriology and Vaccine Therapy of Common Colds.
HOUSTON, Dr. Typhoid Carriers.
FLEMING, Dr. The Inoculation Treatment of Acne Vulgaris.

Professor Sanfelice, of the University of Bologna, will give a demonstration of work on the Parasitology and Serum Therapy of Cancer.

HYGIENE AND PUBLIC HEALTH.

President: LOUIS COLTMAN PARKES, M.D., 61, Cadogan Square, Chelsea, London.

Vice-Presidents: SAMUEL AGNEW, M.D., Lurgan, co. Armagh; HENRY O'NEILL, M.D., 6, College Square East, Belfast; CHARLES KILLICK MILLARD, M.D., Town Hall, Leicester.

Honorary Secretaries: CHARLES PORTER, M.D., Public Health Department, Town Hall, Finsbury; WILLIAM MC LORINAN, L.R.C.P., 103, Antrim Road, Belfast; THOMAS CARNWATH, M.B., Town Hall, Manchester.

The following programme has been arranged:

Wednesday, July 28th.—Discussion: Compulsory Notification of all Forms of Tuberculosis. To be opened by Dr. Scurfield, M.O.H., Sheffield. Dr. Parkes (President of the Section) and others will take part in the discussion.

The following is a synopsis of the paper by Dr. H. SCURFIELD:

In the first part of his paper Dr. Scurfield gives an account of the use which is made of the compulsory notification of consumption in Sheffield, which came into force in November, 1903. Bacteriological examination of sputum is provided free of charge for medical practitioners in the city. Inspectors visit the notified cases, leave printed advice with them, advocate the use of the open window, supply pocket spittoons, and disinfect when necessary. Hospital accommodation is provided by the corporation for twenty males and twenty females for short periods of treatment, the principal object being to educate the patients and to select those who are suitable for prolonged sanatorium treatment. Hospital treatment on modern lines is also provided at the Sheffield Royal Infirmary, and by both boards of guardians. In Sheffield about one-third of the consumptives die in the workhouse hospitals. An open-air school has just been provided for delicate children. In the second part of the paper Dr. Scurfield points out the importance of analysing the total tuberculosis rate, so that the rate for males, females, and children may be given separately. Thus in the case of Sheffield there is nothing remarkable about the total rate, but when analysed it is found that the female rate is very low, and that the rate for males and children is high. He submits tables showing the rates for males, females, and children under 5 years of age in various English towns. He gives a comparison of the rates in Sunderland and Sheffield, and of the conditions which, in his opinion, affect those rates. He concludes with some comments on the tuberculosis rates in other towns, and the conditions which appear to affect them.

Thursday, July 29th.—Discussion: Latent Infections of the Diphtheria Bacillus, and Administrative Measures required for Dealing with Contacts (with the Laryngological Section). To be opened by Dr. Watson Williams (Bristol), from the clinical standpoint; Dr. Buchanan (Glasgow), from the bacteriological standpoint; Dr. Forbes (M.O.H., Brighton), from the administrative standpoint.

Dr. R. M. BUCHANAN will deal with the following points: (1) The latency of infection—general; (2) the rarity of return cases—significance; (3) infection in contacts and school children and its frequency; (4) type, virulence, and persistence of the bacilli in the clinically unaffected; (5) the question of the infecting power, and the segregation of carriers.

The following is a summary of the points to be referred to in the paper by Dr. FORBES:

(a) Legal powers for dealing with contacts. (b) Action to be taken after a case of diphtheria has occurred, and has been removed from—(1) Hospital ward: (Keep all children in bed; keep same staff on duty in ward and exclude visitors; admit no new cases; swab all children and staff: (a) if positive, isolate; (b) if negative, no treatment, reswab next day). (2) Home: (Exclude all children from school for four weeks, and, in addition, according to opportunity and home conditions, either have swabs taken from all members of the family or only from those who have or have had some suspicious symptoms. Cases giving positive results must be dealt with according to their surroundings; those in better-class families may be isolated at home, whilst those in poor families should be removed to an isolation hospital). These remarks apply mainly to children; generally speaking, diphtheria-carrying wage-earners are allowed to continue at work, unless that work will bring them in special contact with children or with food. (c) If case occurs and is isolated at home, the procedure is the same as in (b) (2), excepting that contacts are kept from school for four weeks from the time when all cases are free from infection. (d) School: closure seldom necessary. (e) Antitoxin injection for contacts usually inadvisable.

Friday, July 30th.—Discussion: The Discharge of Sewage Effluents into Tidal Waters. To be opened by Dr. Henry O'Neill, Sir P. R. O'Connell (Belfast), Professor Letts, and others will take part in the discussion.

In opening the discussion, Dr. HENRY O'NEILL, J.P. and a member of the City Council, Belfast, will point out that the problem of sewage purification in Belfast is one of more than ordinary difficulty owing to the sluggish tides and large areas of shallow water in the upper reaches of Belfast Lough, which favour the growth of *Ulva latissima*, a green seaweed, which, according to the investigations of Professor Letts, is an indication of sewage pollution. The subject has been under the consideration of the corporation for ten years. In the earlier experiments screened sewage was run on to double contact beds, under the impression that a moderate degree of purification would produce an effluent sufficiently good for discharge into the large volume of tidal waters of the Lough, but Professor Letts found that if the growth of the weed was to be considerably reduced, the effluent must be free, not only from ammonia, but from nitrates. Certain experimental contact beds treated with sewage which had been screened and treated for six or eight hours in a septic tank produced purification to the extent of 90 per cent. free and 75 per cent. albuminoid ammonia, but the beds rapidly silted up, and the area which would have been required would have been excessive. Percolating filter beds with revolving sprinklers dealing with screened and sedimented sewage yielded results highly satisfactory as regards economy, space, and freedom from silting up, but the effluent, though good, contained nitrates in quantity sufficient to provide food for the *Ulva*. Professor Letts found that by mixing the effluent from the percolating filter with about an equal quantity of septic sewage and treating the mixture in contact beds, the organic matter was oxidized at the expense of the nitrates in the filter effluent, and the total quantity of *Ulva* pabulum reduced. These experiments form the basis of an original scheme of purification applicable when a highly nitrified effluent is undesirable. Special contact beds are not necessary, as the storm-water filters can be used for the denitrifying process, which is suspended during storms. Two methods of disposal of the sludge are proposed: (1) At the main outfall works it will be conveyed to sea by steamer; (2) at the Sydenham outfall, as shallow water renders disposal steamer disposal expensive and inconvenient, Dibdin's slate beds, which convert the sludge into an inoffensive humus, will be installed. It has also been proposed as regards the main outfall, to depend solely on screening, sedimentation, and sludge removal, effluent being discharged only during the first half of ebb-tide. Arguments in favour of this scheme are that the growth of *Ulva* would be reduced, that any weed could be collected as thrown on the beach and removed, it being thought that the expense of this would be a continually diminishing annual sum. A joint board of the Belfast, Holywood, and Castlereagh authorities had been expending £2,000 a year on the collection of the weed from the foreshore, some 20,000 tons being removed last year, but this plan was stopped in September owing to want of funds.

Papers.—The following have been accepted:

NIVEN, Dr., M.O.H., Manchester. Control of Tuberculosis in Cattle.
WYNNE, Dr. Darley, Clonmel. Cattle Fairs and Tuberculosis.
CLARK, Dr. R. V., Assistant Medical Officer, Leeds.
WILSON, Dr. Isolation of *B. typhosus*.
EWART, Dr., Assistant M.O.H., Middlesbrough. Some Features concerning the Sewage Pollution of an Estuary.
BUCHAN, Dr., M.O.H., Isleworth. Typhoid Pollution of Mussels, etc.
MCWEENEY, Professor. Mode of Detecting Bacillus Carriers.
PATERSON, Dr., Assistant M.O.H., St. Helen's. Measles in Schools in a recent outbreak at St. Helens.
GILCHRIST, Dr. Endemicity of Influenza.
STORY, Dr., Dublin. Neglect of Physical Education in Primary and Secondary Schools.

LARYNGOLOGY, OTOTOLOGY, AND RHINOLOGY.

President: ST. CLAIR THOMSON, M.D., F.R.C.P., 28, Queen Anne Street, London.

Vice-Presidents: ERNEST BLECHYNDEN WAGGETT, M.B., 45, Upper Brook Street, London, W.; HENRY SMURTHWAITE, M.D., 8, St. Mary's Place, Newcastle-on-Tyne; J. A. KNOWLES RANSHAW, M.D., 11, St. John Street, Manchester.

Honorary Secretaries: HAROLD SHUTTLEWORTH BARNWELL, F.R.C.S., 55, Wimpole Street, London; JOHN STODART BARR, M.B., 13, Woodside Place, Glasgow; HENRY HANNA, M.B., B.Sc., 57, University Road, Belfast.

The following subjects have been selected for special discussion:

Wednesday, July 28th.—The Treatment of Tinnitus Aurium. (1) Dr. Thomas Barr (Glasgow); (2) Mr. Richard Lake (London).

The following is a synopsis of the remarks to be made by Dr. THOMAS BARR (Glasgow) in opening the discussion:

The paper, by arrangement with Mr. Richard Lake, deals solely with non-operative treatment. It is pointed out that the tinnitus aurium is merely a symptom, and effective treatment must depend on a correct knowledge of the condition underlying it. Hence, thorough examination of the organ of hearing by all the subjective and objective methods is a primary essential. After brief reference to cases depending on accumulation of wax, Eustachian obstruction, removable fluids in the tympanum, and other conditions in which tinnitus can be readily cured or alleviated by well-known methods, the author deals with cases where tinnitus persists after such methods of treatment or where no definite lesion can be shown, by objective examination, to exist in the ear. In this connexion emphasis is placed on the importance of attention to the state of the general health, and the influence of coexisting systemic disease is shown, as also that of mental attitude, personal habits, climate, and special drugs, and external applications. The special treatment indicated for the pulsating forms of tinnitus is considered. The value of *Ton-behandlung* is next discussed, this being the influence exerted upon certain subjective sounds in the ear, mainly of a musical character, by objective sounds from a tuning-fork. With reference to electrical treatment, it is pointed out that the apparently good effects from the high frequency currents reported a few years ago do not seem to have been borne out by further experience. In discussing the effects upon tinnitus of naso-pharyngeal treatment it is shown that the establishment of good nasal breathing and a healthy condition of the naso-pharyngeal mucous membrane often leads to the disappearance or mitigation of the symptoms, but that, on the other hand, it may be aggravated by ill-directed treatment of the naso-pharyngeal order.

Mr. LAKE will deal with the operative treatment: first, what may be termed remote operative, in the form of intranasal treatment, lumbar puncture, and ligation of the carotid artery; afterwards tracing the gradual evolution of the course of operative interference from simple removal of one or more of the ossicles or adhesions, etc., the simple opening or perforation of the labyrinth, its complete ablation, to the division of the auditory nerve itself; he will also endeavour to point out the lines which may be useful in attempting to decide when to operate and what operation to select.

Thursday, July 29th.—Latent Infections of the Diphtheria Bacillus, including the Administrative Measures required for dealing with Contacts. (In association with the Section of Hygiene and Public Health.) (1) Dr. Robert M. Buchanan (Glasgow); (2) Dr. Duncan Forbes (Brighton); (3) Dr. P. Watson Williams (Bristol).

Dr. WATSON WILLIAMS will open the discussion from the clinical standpoint:

If diphtheria may be defined as any pathological condition, local or general, due to infection by specific diphtheria organisms, diphtheria is "latent" when such pathological conditions are unaccompanied by obvious illness. The impingement of diphtheria bacilli on the nasal or oral mucous membrane without any local reaction, though not a true infection, is clinically a form of latent diphtheria. Latent diphtheria infections may be grouped under three heads: (1) Patients who afford none of the usual clinical indications of diphtheria, are not definitely ill, and yet are found to be anaemic, have increased pulse tendency, are poorly in association with nasal catarrh, membranous rhinitis, faucial redness, and slight subacute tonsillitis, otorrhoea, sores, etc., which on bacteriological examination prove to be diphtheritic. (2) Cases with any of these diphtheritic lesions, but with no general symptoms of ill-health. (3) Persons who present no local lesions, and no departure from normal health, but in whom diphtheria bacilli have been found by culture tests. In practice latent diphtheria is met with affecting the nasal cavities, the fauces and mouth, the external auditory meatus, the skin, genital organs. There is no characteristic symptom or sign of a

latent diphtheria, for in their clinical aspects they are indistinguishable from similar non-diphtheritic lesions of the same territories. Pseudo-membranous lesions of the mucous membrane of the upper air tract may be non-diphtheritic or diphtheritic. The only crucial test by which latent diphtheritic infection can be determined is the bacteriological test. Examples of latent diphtheria will be cited, and various methods of treatment discussed.

Friday, July 30th.—The Treatment of Cicatricial Stenoses of the Larynx and Trachea. (1) Dr. H. Lambert Lack (London); (2) Dr. Delsaux (Brussels); (3) Dr. Bryson Delavan (New York).

Dr. H. LAMBERT LACK will deal chiefly with cicatricial stenosis of the larynx in children as the result of tracheotomy for diphtheria. In nearly every case the tracheotomy tube was introduced through the larynx at the original operation, and this is considered to be the cause of the subsequent stenosis. In some cases the stricture was fibrous and limited to the soft parts, in others the laryngeal cartilages were extensively destroyed and the stricture almost impermeable. The first indication of treatment is to remove the tube from the larynx by performing a low tracheotomy and inserting the tube in as low a part of the trachea as can be reached. In cases seen early this alone will suffice to effect a cure. Where extensive stenosis is present and the above treatment fails, the larynx should be opened, the cicatricial tissue excised, and the case carefully watched. The various means of dilating the larynx by passing a solid plug upwards from the tracheotomy wound and by inserting a T-shaped cannula are described and condemned. The author's experience of intubation is also unfavourable. Two illustrative cases are described and some statistics given.

The following is a synopsis of Dr. DELSAUX'S (Brussels) remarks:

Laryngo-tracheostomy means the formation in the larynx and upper part of the trachea of an opening such that it may either be left permanently or used for a very long period. Nearly all cases of cicatricial stenosis of the upper air passages (including syphilitic stenosis and stenosis due to perichondritis) are remediable by this operation, but it should not be undertaken in cases due to lupus. The teeth, gums, and mouth receive careful attention before operation, which must not be undertaken so long as the temperature is abnormal or in the presence of catarrh of the trachea or bronchi. As a rule, general anaesthesia is procured, but local analgesia by the infiltration method of Schleich is also employed, though there are objections to its use. The operation is divided into six stages: (1) Incision of the skin, (2) section of the cartilages of the larynx and trachea, (3) suture of the larynx to the skin, (4) division of the cicatrix and excision of its tissues, (5) insertion of a cannula fitted with a dilating drain tube, (6) dressing of the wound. Further particulars are reserved for my full address. The after-treatment is quite as important as the operation itself. Dilatation at the commencement must not be rapid, very supple india-rubber tubes being used, and their calibre gradually increased until it surpasses the normal diameter of the contracted area by as much as 2 mm. in a child and 3 mm. in an adult. Before closing the artificial opening the patient must be gradually habituated to breathing without a cannula and without a tube, at first for a few minutes at a time. As a rule the opening should not be closed for several months after the initial operation. When closed it must be entirely and thoroughly closed. If the opening be large, the method of Gluck may be used, the opening being covered in by two unequal flaps; or, better, by shutter flaps at different levels carefully sutured together in the middle line. When the opening is small it can be closed by the plastic operation usually employed in closing an ordinary tracheotomy wound. Among 60 patients operated on in this fashion there have been six deaths, of which three took place during the after-cure. There have also been two failures, one being in a patient with tubercle of the larynx, and the other a syphilitic case. In the remaining 52 cases, 10 in whom the final plastic operation had been completed, are entirely cured, and up to the present no case of recurrence of stenosis has been reported. In the other cases either the process of dilatation is still going on, or the plastic

operation for the closure of the opening is about to be performed. Usually the patients can make themselves easily understood, and some have even recovered their voices owing to re-formation of the vocal cords (Fraenkel). Laryngo-tracheostomy is the operation to be preferred in the treatment of cicatricial stenosis of the upper air passages. It is an operation attended by little risk, and should become the routine method of dealing with these cases.

It is proposed this year to arrange a special exhibition of skiagraphy in relation to diseases of the upper air and food passages. Members are requested to send in the titles and descriptions of any skiagraphs they propose to contribute to Dr. Hanna at once. Every care will be taken of negatives and prints, which should be carefully labelled with the owner's name and address.

MEDICINE.

President: Professor JAMES ALEXANDER LINDSAY, M.D., F.R.C.P., 3, Queen's Elms, Belfast.

Vice-Presidents: ARTHUR FOXWELL, M.D., F.R.C.P., 47, Newhall Street, Birmingham; JOSEPH FRANCIS O'CARROLL, M.D., F.R.C.P.I., 43, Merrion Square, Dublin; LAURISTON ELGIE SHAW, M.D., F.R.C.P., 64, Harley Street, London; WILLIAM BAIRD MCQUITTY, M.D., 8, College Square East, Belfast.

Honorary Secretaries: JOHN SMYTH MORROW, M.D., Eia House, Antrim Road, Belfast; LEWIS ALBERT SMITH, M.D., 25, Queen Anne Street, London, W.; JOHN ELDER MACILLWAIN, M.D., 55, University Road, Belfast.

The following subjects have been chosen for discussion and demonstration:

1. Wednesday, July 28th.—Angina Pectoris. To be opened by Sir T. Clifford Allbutt, K.C.B. The following will take part in the discussion: Professor Osler, Sir T. Lauder Brunton, Dr. A. Foxwell, Dr. Alexander Morison, Professor Hugo-Marcus (Nice), Dr. W. K. Hunter, Dr. W. Gordon, and Dr. Nathan Raw.

Sir CLIFFORD ALLBUTT, K.C.B., proposes at the outset of the discussion on angina pectoris to ascertain precisely what is to be discussed, and in what terms. He will urge concerning this malady that precision both of terms and of substance is especially needed, for no disease has been more obscured by factitious notions or more confused by false analogies and erratic conjectures. Yet in all medicine there is no disease which presents a clearer image to the observant eye, nor one more conspicuously detached from the clinical jungle. If its characters are confused we have confused them by equivocations; if its type is blurred it has been distorted by counterfeits. If angina pectoris be looked at simply, without prepossession and with discrimination, its features will come into focus and the type will take fairer definition. On the threshold the speaker finds himself confronted by sophists who say bluntly that angina pectoris is not a disease, but a symptom or "symptom group"; it is here, indeed, that the sophistry begins, for this argument is but a play of words. "A symptom" angina pectoris certainly is not, for it is manifold; a symptom group it is, no doubt, or rather a symptom process, or procession. Now a symptom-group, or procession of symptoms negative and positive, which recurs in mankind with fair uniformity, must be due to causes correspondingly uniform. That genuine angina pectoris may occur with the heart, lungs, and kidneys intact, is at last reluctantly admitted by physicians who have studied the data; and if so the essential, as apart from contingent causes, must lie outside these organs. The opener will divide angina pectoris into angina minor and angina major, and the symptoms of the two degrees will be compared. "Pseudo-angina" he intends to dismiss as pseudod diagnosis, and to relegate these cases to the Vaso-vagaclass of Gowers. Vasomotor oscillations commonly occur in angina pectoris it is true, and in two main but incidental relations: first as determinants, when by changes of blood pressure attacks are provoked or mitigated; secondly, as consequences of acute impressions reaching the nerve centres by afferent paths. The speaker will proceed to appreciate the current hypotheses of angina pectoris, pointing out the diversity of these irreconcilable and often mutually destructive explanations. He will

then advocate again his own interpretation, first published in 1894, and frequently and formally repeated since without effect upon medical opinion, although at length it has been fully accepted by Josué, in a paper published last November. This interpretation is that the origin of angina pectoris lies not in the heart but in the supra-sigmoid portion of the aorta; that the oppression of angina minor is seated in this place; and that in angina major the referred pains still originate here, but, as in the degrees of their severity they force successive centres, they radiate over more and more extensive areas. That, as concerns fatality, angina pectoris, neither in its minor nor in its major forms, is directly fatal; that indeed in many, perhaps in the majority, of major and minor cases taken together, death, if it occurs, is due to co-operating causes; that in a large number of cases, whatever the issue of co-operating lesions, such as valvular or myocardial disease, the anginous lesion is healed, or, at any rate, the symptoms cease; and, furthermore, that not a few cases of angina pectoris, even of the major variety, end in complete recovery; that when death is directly attributable to the angina it is due to vagus inhibition, such as is prone to happen, for example, in surgical operations about the root of the lungs or the brachial plexus, or to be induced by some other intense peripheral irritation, as in the genitalia. Finally, that, although a sound heart may be inhibited to the point of death, this very rarely happens; and that in nearly all cases in which the heart fails to disengage itself from the inhibitory interference, the myocardium, whether by coronary disease, by toxic influence, or otherwise, was previously unsound.

2. Thursday, July 29th.—The Medical Aspects of Athleticism. To be opened by Dr. Tyrrell Brooks (Oxford), Dr. Clement Dukes (Rugby). The following will take part in the discussion: Sir Clifford Allbutt, Sir T. Lauder Brunton, Sir James Barr, Dr. Watson Williams, Dr. A. Foxwell, Dr. Chalmers Watson, Dr. Gordon Gullan, and Dr. Clive Riviere.

Dr. TYRRELL BROOKS (Oxford) in introducing the discussion will deal with the following points:

(1) Athletics, (a) at school, (b) at the university; what amount of medical supervision is practicable? (2) The dangers of athletics during convalescence. (3) Physical training and athletics. (4) The moral aspect of athletics. (5) The duties of the profession, (a) to the individual, (b) to the race with reference to physical development.

The following is a synopsis of the remarks to be made by Dr. CLEMENT DUKES (Rugby):

(1) The Greeks aimed at, and attained, by their well-regulated physical training, the highest perfection of the human form, which also influenced the moulding and elevation of the mind. (2) The strength and wisdom of the next generation depend upon the mental and physical development of the present, for the intellectual value of exercise is as great as its physical value. (3) Athleticism is the "intemperance" of physical exercise, which is injurious to the not fully-grown body. (4) Physical examination and medical direction are necessary to avoid this, so that the feeble may be strengthened by well-regulated exercise, and the strong not injured by unwise and prolonged exertion. (5) How to obviate the evils of athleticism, and in what they consist. (6) Classical instances will be given of the defects of athleticism, and of the difficulties in their correction. (7) Ideal rules for the prevention of the harm occasioned by athleticism. (8) The practical rules in force now at Rugby to obviate these defects, and how they have worked; such rules are necessary to control the impulsive nature of youth, and they should be enforced.

3. Friday, July 30th.—Demonstration on Gastric Illumination by Dr. Theodore Thompson and Dr. H. S. Souttar.

The following papers have been accepted:

SAMWAYS, Dr. D. W., Mentone. Misconceptions concerning the Riviera.
GORDON, Dr. W., Exeter. The Influence of Soil on Phthisis, as illustrating a neglected principle in Climatology.
MAGUIRE, Dr. W. J., Belfast. The Value of Mental Symptoms in Diagnosis.
RIVIERE, Dr. Clive, London. A Natural Experiment in Cardiac Strain.
HUGO-MARCUS, Dr., Nice. The Treatment of Syphilis by Intravenous Injections.

RAW, Dr. Nathan, Liverpool. Bovine Tuberculosis in the Human Subject.
GULLAN, Dr. Gordon, Liverpool. Hour-glass Stomach.
LAWSON, Dr. David, and GETTINGS, Dr. G. T., Banchory. The Oral Administration of Tuberculin TR.
STEWART, Dr. Purves. The Technique and Results of Schlösser's Method of Treatment of Tic-douloureux.
ROLLESTON, Dr. H. D. Pruritis in Lymphadenoma.
EVE, Dr. Frank C. A Case in which Glycosuria was only to be Inferred from the Presence of Gas and Bacilli in the Urine.

NAVY, ARMY, AND AMBULANCE.

President: Fleet Surgeon J. LLOYD THOMAS, R.N.

Vice-Presidents: Inspector-General ROBERT BENTHAM, R.N. (retired), 22, King's Avenue, Ealing, London, W.; Lieut.-Colonel R. PORTER, M.B., R.A.M.C., P.M.O., Station Hospital, Military Barracks, Belfast; Colonel THOMAS H. HENDLEY, I.M.S., C.I.E., 4, Loudon Road, London, N.W.

Honorary Secretaries: Captain M. LOWSLEY R.A.M.C., St. Michael's Road, Aldershot; Captain HERBERT HUGH BLAIR CUNNINGHAM, M.D., F.R.C.S., 69, University Road, Belfast; Staff Surgeon EDMUND COX, M.B., R.N., The Royal Naval Hospital, Chatham; Captain WILLIAM SALISBURY-SHARPE, M.D., R.A.M.C.T., 8, Cleveland Terrace, Hyde Park, London, W.

The following papers have been accepted:

Wednesday, July 28th:

HENDLEY, Colonel T. H., C.I.E., I.M.S. Contrast between the Treatment of the Wounded under the Moghul Emperors and King Edward VII, Emperor of India.
JAMES, Colonel H. E. R., F.R.C.S., R.A.M.C. The Medical Branch of the Officers' Training Corps.
STORY, J. B., M.B., M.Ch., F.R.C.S.I., Dublin. Physical and Moral Effects of Military Training.
PORTER, Lieutenant-Colonel R., M.B., C.M., R.A.M.C. Short paper with a practical demonstration on Physical Training of Recruits in the Army.

Thursday, July 29th:

CRAWFORD, Major, G. S., R.A.M.C. On the Beneficial Results of Recent Sanitary Work in Malta.
BASSETT-SMITH, Fleet Surgeon, P. W., R.N. Modern Methods of Laboratory Diagnosis of Syphilis.
LAMBKIN, Colonel F. J., R.A.M.C. Probable Effects in the Services of the New Treatment of Syphilis by means of Organic Arsenical Compounds.

Friday, July 30th:

MAHON, Staff Surgeon F. F., R.N. On the First-Aid Relief rendered after the Messina Disaster.
WALLIS, Staff Surgeon J. G., R.N. A detailed scheme for an Unexpected Landing Party using Material available on Board Ship.
CARVELL, J. M., M.R.C.S., L.S.A., Surgeon, St. John Ambulance Brigade. Existing Ambulance Organization of the Home Railway Companies.
RIVERS, W. C., L.R.C.P., M.R.C.S., D.P.H., Newcastle-on-Tyne. Rhinology as an Aid to Diagnosis of Pulmonary Tuberculosis.

OBSTETRICS AND GYNAECOLOGY.

President: JOHN CAMPBELL, M.D., F.R.C.S., Crescent House, University Road, Belfast.

Vice-Presidents: ROBERT ALEXANDER GIBBONS, M.D., 29, Cadogan Place, London; JOHN SINGLETON DARLING, M.B., High Street, Lurgan; CHARLES EDWIN PURSLOW, M.D., 192, Broad Street, Birmingham; EWEN JOHN MACLEAN, M.D., 12, Park Place, Cardiff.

Honorary Secretaries: HENRY THOMAS HICKS, F.R.C.S., Derby; ROBERT JAMES JOHNSTONE, M.B., F.R.C.S., 14, University Square, Belfast.

The Committee have thought it well to select two chief subjects for discussion:

Wednesday, July 28th.—1. The Treatment of the Graver Forms of Puerperal Sepsis. To be introduced by Dr. Thomas Wilson (Birmingham).

The following is a synopsis of Dr. T. WILSON's paper opening the discussion:

Since the days of Semmelweis the theory of puerperal fever has been placed upon a sound basis, with the result that the disease has been practically abolished in properly conducted lying-in institutions. In spite of this the mortality, and therefore probably the morbidity, from this affection have remained undiminished. The cases

are scattered, and only here and there provision is beginning to be made for collecting them in hospitals or other institutions suitable for research and effectual treatment. As a consequence, the best treatment remains in many directions undetermined. It is now universally agreed that puerperal fever is due to infection of wounds and raw surfaces arising in parturition, the most common points of entry of the germs being at the placental site and through lacerations of the cervix and vagina. Many different germs have been proved to be exciting causes of the disease. Grave cases of puerperal fever may be defined as those which endanger the life of the patient, and as in the worst cases the *Streptococcus pyogenes* is the organism most frequently found, the discussion will chiefly be limited to this infection, which varies in gravity from slight and passing local inflammations to the most severe and rapidly fatal blood poisoning; in individual cases rapid and unexpected changes, either for better or worse, frequently occur. The indications for treatment are, first, to attempt to limit the entry and spread of the infecting organisms, and, secondly, to support the patient. The most important point is that immediate and effective treatment should be undertaken without the least delay on the appearance of the first indication of infection, which is usually a rise in temperature, most frequently occurring on the second or third day after delivery. When the temperature exceeds 102° F. a careful examination of the patient should be made, and this will include an examination of the lochia and, if possible, a digital exploration of the uterus. Opinions differ as to the relative value of digital evacuation as compared with curetting, and of copious intrauterine douching as opposed to swabbing with strong antiseptics. The advocates of douching and strong antiseptics also disagree as to the best drug to employ. Observers are more in accord on the necessity for rest, for a suitable nourishing diet, and for attention to the excretory functions. The places of alcohol and quinine in the treatment are still unsettled. Injections of antistreptococcus serum have generally proved disappointing, and treatment by vaccines is still too recent and has been employed in too few cases for the formation of a valid opinion. Collargol has given favourable results in the hands of some practitioners, but has frequently proved disappointing. There is general agreement that pus should be let out at the earliest possible moment by the nearest route. In peritonitis incisions and drainage through the posterior vaginal vault and abdominal wall have been employed with no very satisfactory result. Abdominal or more frequently vaginal hysterectomy has been employed with a fair amount of success in certain conditions, such as infected fibroids or infected rupture of the uterus, but in ordinary cases of puerperal infection these operations have generally proved disappointing. Where the infection has spread along the veins, giving rise to phlebitis with no obvious secondary deposits, the veins have been ligatured or removed through the peritoneal cavity or by a subperitoneal operation. Diagnosis of these cases is difficult and the indication for operation uncertain, and hitherto the number of recorded successful cases small. Patients who are gravely septic bear anaesthetics and operations very badly, and, on the other hand, recovery often takes place without the aid of surgery in cases that appear practically hopeless.

Thursday, July 29th.—2. Endometritis. To be introduced by Dr. E. Hastings Tweedy (Dublin).

Dr. HASTINGS TWEEDY will introduce the discussion on endometritis on the following lines:

(1) Eliminating histological considerations, he will classify endometritis anatomically into corporeal and cervical, clinically into acute and chronic. (2) Briefly mention the origin, course, and symptoms of acute endometritis. (3) Treatment in detail of acute endometritis, comprising vaccines from cultures, douches, gauze drainage, manual exploration, and the very occasional use of the blunt flushing spoon curette, condemning entirely the use of the sharp curette. (4) Definition of cases classified as chronic endometritis—that is, all other non-malignant diseases of the endometrium. (5) The underlying causes, and the necessity of treating them. (6) Consideration of the indications and proper method of curettage, with causes of failure. Under indications is placed the symptomatology and mention made of the frequency of deferred

symptoms. (7) Possibility of rupturing the uterus, and its proper treatment when recognized. (8) Frequent local treatment following curettage considered unnecessary and harmful. (9) Local treatment other than curettage and medical treatment. (10) He will insist on curettage before all cervical or vaginal operations and operations for displacement. (11) Treatment of endocervicitis by caustics, astringents, cauterization, etc.

Friday, July 30th.—Consideration of the Report of the Ophthalmia Neonatorum Committee (jointly with the Section of Ophthalmology). Reading of papers.

The following have accepted invitations to assist at the deliberations of the Section: Professor Fehling (Strassburg), Professor Jacob (Brussels), and Professor Whitridge Williams (Baltimore).

Drs. Herman and Roberts (London), Jardine and Munro Ker (Glasgow), Donald and Stanmore Bishop (Manchester), Jellett and Alfred Smith (Dublin), are expected to take part in the discussions.

The following papers have been submitted:

- FEHLING, Professor. On Caesarean Section and Pubiotomy.
WILLIAMS, Professor Whitridge. On the Frequency and Clinical Significance of Funnel-shaped Contraction of the Pelvis.
AUSTIN, J. J., M.D., Belfast. Midwifery in Private Practice: A Criticism of Method Based on Actual Results.
CAMERON, Murdoch, M.D., Glasgow. Cases of Dystocia due to Ventrifixation of the Uterus.
CAMERON, S., M.B., Glasgow. Surgical Treatment of Chronic Salpingitis.
HICKS, H. T., F.R.C.S., Derby. Chorion Epithelioma following nearly Full-term Delivery.
KERR, J. M. Munro, M.D., Glasgow. Frequency of Adenocarcinoma of the Body of the Uterus in Fibroid Tumours of that Organ, based on a Series of 160 Cases of Abdominal Hysterectomy.
MCILROY, H. Louise, M.D. Development of the Epithelial Elements of the Ovary.
SAVAGE, Smallwood, M.B., F.R.C.S. An Ovarian Tumour, Clinically Malignant, arising from the Overgrowth of Lutein Cells.
THORNE, Miss May, F.R.C.S.I. Pregnancy and Labour after Ventrifixation of the Uterus.

In the Pathological Part of this Section, Cancer of the Uterus has been chosen as one affording a wide scope for the exhibition of Specimens, Photographs, Microscopic Slides, etc.

These, with any others of interest, will be exhibited in the Pathological Museum.

OPHTHALMOLOGY.

President: JOHN WALTON BROWNE, M.D., 10, College Square North, Belfast.

Vice-Presidents: ARTHUR W. SANDFORD, M.D., 13, St. Patrick's Place, Cork; WILLIAM MAROUS KILLEN, M.D., 9, Clifton Street, Belfast; ALEX. HILL GRIFFITH, M.D., 17, St. John Street, Manchester.

Honorary Secretaries: JAMES ANDREW CRAIG, F.R.C.S., 11, University Square, Belfast; LESLIE JOHNSTON PATON, F.R.C.S., 1, Spanish Place, Manchester Square, London.

The subjects chosen for discussion are:

1. Eye Injuries in their Relation to the Workmen's Compensation Act. To be opened by Drs. Freeland Fergus (Glasgow) and Shaw (Belfast).
2. The Diseases of the Lymphoid Tissue of the Conjunctiva. To be opened by Professor R. Greef (Berlin), Mr. Treacher Collins (London), and Dr. Nelson (Belfast).

In his paper, Mr. TREACHER COLLINS will deal with the following points:

The contagious character of trachoma; the "trachoma bodies"; the contagion not air-borne but due to transference of moist discharge; the adenoid layer of the conjunctiva the chief seat of reaction, and the centre of the follicles the position, in which the toxin is most intense; "elementary or primary granulations"; trachoma a non-pyogenic disease; essentially a chronic disorder; acute symptoms when present due to mixed infection; natural destruction of trachoma follicles by rupture, by absorption, and by strangulation from new formation of fibrous tissue; "Stellwag's brawny oedema"; similarity of the palpebral conjunctiva in the late stages of trachoma to skin; possibility of curing early cases of trachoma without new

formation of fibrous tissue; pannus the result of abrasion of corneal epithelium and infection; treatment of trachoma (a) by rupture or instrumental removal of follicles—expression, Galezowski's excision of the retrotarsal fold, Kuhnt's removal of tarsus and conjunctiva; (b) by stimulating absorption of follicles—copper sulphate, jequiritol, x rays, kataphoresis; (c) by stimulating formation of fibrous tissue—*Gratarge*. Conditions other than trachoma with follicular enlargements: (a) atropine and eserine irritation, (b) simple folliculosis, (c) muco-purulent ophthalmia and follicles. Conditions resulting in fibrous tissue formation simulating that produced by trachoma, (a) tubercle, (b) pemphigus, (c) spring catarrh, (d) membranous ophthalmia, (e) burns.

The following papers have been accepted:

- HINSHELWOOD, James, M.A., M.D. Case of Sarcoma of the Choroid.
POLLOCK, W. B. Inglis. Visual Acuity of School Children.

PATHOLOGY.

President: Professor WM. ST. CLAIR SYMMERS, M.B., Queen's College, Belfast.

Vice-Presidents: WALTER SYDNEY LAZARUS-BARLOW, M.D., Cancer Research Laboratory, Middlesex Hospital, London; ARTHUR EDWARD MOORE, M.B., Castlemahon, Blackrock, Cork; ASTLEY VAVASOUR CLARKE, M.D., 37, London Road, Leicester; Professor I. WALKER HALL, M.D., 9, Royal Park, Clifton, Bristol.

Honorary Secretaries: ALFRED EDWARD BARNES, M.B., 348, Glossop Road, Sheffield; OTTO F. F. GRÜNBAUM, M.D., 34, Wimpole Street, London, W.; WILLIAM JAMES WILSON, M.D., Pathological Laboratory, Queen's College, Belfast.

Thursday, July 29th.—Discussion: The Early Diagnosis and Treatment of Tuberculosis (jointly with the Section of Haematology and Vaccine Therapy).

Wednesday and Friday, July 28th and 30th.—The following papers have been accepted:

- ROBERTSON, Dr. W. Ford, and Dr. M. C. W. YOUNG. On the Protozoan Origin of Tumours.
LAZARUS-BARLOW, Dr. W. S. Radio-activity and Carcinoma.
MCWEENEY, Professor E. J., M.D., F.R.C.P. Dub. On the Use of Coloured Media in the Detection and Differentiation of Bacilli of the Typho-coli Group.
WILSON, Dr. W. James. On Heterologous Agglutinins.
WHITE, Dr. C. Powell, Manchester. Carcinoma of the Testis in an Infant.
GRÜNBAUM, Professor, Leeds, and Professor SYMMERS, Belfast, will also make contributions.
CHAMBERS, Miss Helen. Tumours of the Thyroid.
ROWNTREE, Dr. Cecil. X-ray Carcinoma.
BECKTON, Dr. Henry. The Absence of Altmann's Granules in Cells of Malignant New Growths.
SMITH, Professor Lorrain, F.R.S. An Interesting Case of Cancer of the Pylorus.

PHARMACOLOGY AND THERAPEUTICS.

President: Professor RALPH STOCKMAN, M.D., F.R.S. Edin., The University, Glasgow.

Vice-Presidents: Professor WALTER ERNEST DIXON, M.D., Pharmacological Laboratory, Cambridge; NEWMAN NEILD, M.D., 9, Richmond Hill, Clifton, Bristol.

Honorary Secretaries: VICTOR GEORGE LEOPOLD FIELDEN, M.B., 84, Dublin Road, Belfast; HECTOR CHARLES CAMERON, M.B., Guy's Hospital, London, S.E.

The following subjects have been suggested for discussion:

1. Spinal Anaesthesia. To be opened by Mr. George Chiene, F.R.C.S. Edin., to be followed by Dr. Dudley Buxton (London), Mr. Robert Campbell, F.R.C.S. (Belfast), Dr. Arthur L. Fleming (Clifton), Dr. Alex. Don (Dundee), Dr. J. Mill Renton (Glasgow), Dr. J. C. Martin (Portrush), Dr. J. Hogarth Pringle (Glasgow), etc.

The following is a synopsis of the opening address by Mr. GEORGE CHIENE, F.R.C.S. Edin.:

Short historical summary of spinal anaesthesia; the drugs at present employed and the amount injected; the technique; the advantages and disadvantages of spinal anaesthesia compared with other methods (1) before the operation, (2) during the operation; the comparative results, immediate and remote; the comparative mortality;

question of the use of spinal anaesthesia alone or combined with other methods.

2. The Treatment of Oedema. To be opened Dr. H. D. Rolleston.

The following is a synopsis of Dr. H. D. ROLLESTON'S paper introducing the discussion:

Oedema, being a manifestation of numerous and very different conditions, certain distinct groups of it are recognized: (1) Cardiac oedema and oedema of venous obstruction, primarily mechanical, and due to hydrostatic factors; (2) renal dropsy which, though in some instances, as in granular kidney, largely cardiac, is in its proper sense more complicated; (3) toxic oedemas other than those due to renal disease; (4) inflammatory oedema; (5) oedemas due to nervous causes, that is, hysterical oedema; (6) oedema due to lymphatic obstruction; (7) oedemas of doubtful origin, for example, Milroy's disease. Discussion of treatment is mainly directed to the forms of more widespread oedema. (1) Cardiac Dropsy: Good effect of the recumbent position and of cardiac tonics such as digitalis, caffeine, and its allies diuretin, theobromine, and theocin; restriction of fluid and of intake of salt. (2) Renal Dropsy: The complicated etiology and the natural variations in the amount of urinary excretion make treatment much more problematic and its effects more difficult to estimate with accuracy than in cardiac dropsy. Cases of urinary crises occurring under caffeine, and without any special treatment, are given to illustrate this point. Is reduction of oedema always beneficial in renal disease? Conceivably renal oedema is part of a compensatory process whereby waste products are excreted into tissue spaces, and in this event absorption of oedema fluid may increase toxæmia. An important question is, Should the ingestion of fluid be restricted or not? If an increased consumption of fluid is followed by increased excretion of water and solids, and so by diminution of toxæmia, this is justified; if, on the other hand, increased ingestion of fluid is not followed by increased diuresis and excretion of solids, a restricted regimen is indicated in order to avoid hydraemic plethora. Probably no hard-and-fast rule can be adopted, but each case should be investigated as to the excreting powers of the kidneys. Brief statement of the effect of increased diaphoresis according to von Noorden's views. Effect of purgation partly to remove fluid, partly to diminish toxæmia. Influence of a salt-free diet. Question of incision of oedematous parts and drainage so as to diminish the osmotic tension of the tissues and the local toxic accumulation; method of incision, risks of the procedure. Combination of drainage with free ingestion of fluid. Various drugs in the treatment of dropsy in patients with renal disease.

Papers:

CHARTERIS, Dr. Frank, Glasgow. The Effect on the Leucocyte Count produced by Thiosinamin Injections, Lecithin, and Nucleinate of Soda.

MCWALTER, Dr. J. C., Barrister-at-Law, Dublin. The Regulation of Quack Medicine Traffic.

Professor W. E. Dixon and Dr. H. H. Dale (Cambridge) will give a pharmacological demonstration showing the action of the pressor substances in putrid meat, placenta, and ergot on the surviving mammalian organs—heart and uterus.

PSYCHOLOGICAL MEDICINE.

President: T. OUTTERSON WOOD, M.D., 40, Margaret Street, Cavendish Square, London.

Vice-Presidents: GEORGE ROBERT LAWLESS, F.R.C.S.I., District Asylum, Armagh; WM. RICHARD DAWSON, M.D., Farnham House, Finglas, co. Dublin; ROBERT HENRY COLE, M.D., 25, Upper Berkeley Street, London, W.; MICHAEL JAMES NOLAN, L.R.C.P. and S.I., Down District Asylum, Downpatrick.

Honorary Secretaries: WALTER SAMUEL SMYTH, M.B., District Asylum, Antrim; SIDNEY HERBERT CLARKE, M.B., Leicester and Rutland Asylum, Narborough, Leicestershire.

The following subjects have been selected for special discussion in this Section:

July 28th.—Somatic Delusions and Local Delusions. To be opened by Dr. C. A. Mercier. Dr. J. M. MacCormac will also speak.

Dr. MERCIER'S paper describes a case in which delusions of complete obstruction of the bowels, and of having been raped "per rectum" were found to be coexistent with tuberculous ulcers of the jejunum, and of the rectum; and the relation between the delusions and the lesions is discussed. Three possible hypotheses suggest themselves: (1) That the lesions were the cause of the delusions. This is rejected. (2) That the lesions were responsible for the particular character of the delusions in a person who would, without them, have had delusions of some kind. This also is rejected. (3) That the localization of the lesions was due to failure or disorder of the neurotrophic influence of the parts of the cerebrum whose disorder underlay the delusions. This is regarded as the most probable hypothesis.

July 29th.—Papers.

July 30th.—Considerations upon the Commissioners' Report of the Care and Control of the Feeble-minded. To be opened by Dr. W. R. Dawson. Dr. G. E. Shuttleworth and Dr. W. J. Maguire will also speak.

The following is a synopsis of Dr. W. R. DAWSON'S introductory paper:

(1) *The "Principles" laid down by the Royal Commission.* The fundamental idea that of protecting all persons who cannot take part in the struggle of life owing to mental defect, and of extending this protection to their property, may be accepted. The authority affording this protection should be a special and powerful central authority and independent of other administrative departments. Local bodies are made subject to this central authority, but perhaps it would be well to restrict the powers of the local authorities still further by making the asylum service a national service, on the lines recommended for the Irish Poor Law Service by the recent Viceregal Commission. Desirability of close co-operation between judicial and administrative authorities is evident, and therefore the amalgamation of the Lunacy Commission and the Chancery Visitors may be approved. (2) *The Detailed Recommendations.* The three methods of dealing with the mentally defective are stated in the preamble to be oversight, certification, and detention. It is difficult to see what good would be done by the first two alone. The change in the statutory terms "lunatic" and "asylum" can only be of temporary utility, but is unobjectionable. The classification is unnecessarily elaborate, and the distinction between "persons of unsound mind" and "persons mentally infirm" seems devoid of utility. If classification is necessary, the last four groups, namely, "moral imbeciles," "epileptics," "inebriates," and "deaf and dumb" or "blind," should be given up and merged with the others. There seems no sufficient reason why the central authority should not be called the board of control in Ireland as well as in England and Scotland. The increase of the medical members of the board is highly desirable, and the extension to all mentally defective persons of the provisions of the Lunacy Act relating to management and administration may also be approved. Is the appointment of "certifying medical practitioners" necessary? Unnecessary complications in connexion with the passing of plans for buildings, etc. Dr. Dunlop's disapproval of compulsory notification, except where public assistance is required, seems to be well founded, such proceeding being too inquisitorial and likely to lead to unnecessary friction in practice. The special report on frequently recurring cases is, however, a good suggestion. Objection is taken to the retention (the introduction as far as Ireland is concerned) of the order for reception by a judicial authority, at all events in the case of paying patients. Where possible, special classes better than special schools. The provisions for criminal defectives, epileptics, and inebriates may be approved. The recommendation which is apparently intended to deal with the question of family care is not sufficiently definite. No system is complete which does not definitely legalize this mode of treatment. The question of voluntary boarders should also be dealt with, and the whole system would require to be supplemented by regulations dealing with inebriates who are not mentally defective.

The following papers have been accepted:

MACCORMAC, Dr. J. M. The Superficial and Deep Reflexes as an Additional Means in the Diagnosis of the Principal Forms of Mental Diseases.

CROTHERS, Dr. T. D., U.S.A. A Study of the Hereditary Influence in the Causation of Inebriety.
SHUTTLEWORTH, Dr. G. E. Mongolian Imbecility.
SCHOFIELD, Dr. A. The Present Position of Applied Psychology in Medicine.

The Secretaries will be glad to receive offers of other papers.

SURGERY.

President: Professor THOMAS SINCLAIR, M.D., F.R.C.S., 22, University Square, Belfast.

Vice-Presidents: CHARLES ALFRED BALLANCE, M.V.O., M.S., F.R.C.S., 106, Harley Street, W.; Sir PETER O'CONNELL, M.D., 9, College Square North, Belfast; ARTHUR JOHN DREW, F.R.C.S., Water Hall, St. Aldate's, Oxford; JOHN GALWAY COOKE, M.B., City and County Infirmary, Londonderry; ARTHUR BROWNLOW MITCHELL, F.R.C.S.I., 18, University Square, Belfast.

Honorary Secretaries: W. THELWALL THOMAS, F.R.C.S., 84, Rodney Street, Liverpool; G. LENTHAL CHEATLE, C.B. F.R.C.S., 117, Harley Street, London; HOWARD STEVENSON, M.B., F.R.C.S.I., 2, College Square North, Belfast; JAS. BERNARD MOORE, M.B., 11, Clifton Street, Belfast.

Special discussions on the following subjects will be held on Wednesday, July 28th, and Thursday, July 29th:

1. The Operative Treatment of Obstructive Jaundice and the Proper Selection of Cases. Introduced by (1) Mr. B. G. A. Moynihan; (2) Sir Thomas Myles. The following have signified their intention of taking part: Mr. E. Stanmore Bishop, Mr. Douglas Drew, Mr. A. B. Mitchell, Mr. W. I. de C. Wheeler, Mr. K. W. Monsarrat, Mr. C. P. Childe, and Mr. David Dickie (Glasgow).

2. Modern Methods in the Treatment of Tuberculous Disease of Joints. Introduced by (1) Sir William Macewen, F.R.S.; (2) Mr. Robert Jones. The following will speak: Mr. Douglas Drew, Mr. A. B. Mitchell, Mr. R. C. Dun, Mr. T. S. Kirk, Mr. C. W. Cathcart, Mr. A. H. Tubby, and Mr. Robert Campbell (Belfast).

Sir WILLIAM MACEWEN will introduce a discussion on the Differential Treatment of Tuberculous Joints, according to the stages of the disease. In the early stages attention will be directed to the effect of various forms of treatment, such as rest, fixation, massage, fluxion, injections (local and general), hygiene, etc. The treatment in the late stage, operative and otherwise, will be discussed. Special modes of operating will be described, and the after-treatment will be briefly alluded to.

Mr. ROBERT JONES will follow, dealing with the subject in the following manner. In children strictly conservative methods advocated; excisions never performed. The necessity of clearly defining the essential signs of disease, and of adopting methods for the prevention of deformity. How to deal with the deformity in an actively diseased joint. The tuberculous abscess and its management. On the treatment of old sinuses and dangers of mixed infections. The importance of complete rest of the diseased joint and methods of securing it. The necessity for accurate tests of the recovery of individual joints. The value of open air. In adult tuberculosis prognosis much worse, and excision of the joint frequently imperative.

Friday, July 30th, will be devoted to the reading of papers on subjects other than the above.

The following papers have been accepted:

SYME, G. A. Some Unusual Cases of Echinococcus (Hydatid) Cyst, with remarks on Diagnosis and Treatment.
GROVES, Ernest W. H. The Radical Treatment of Cancer of the Stomach—Methods, Results, and Statistics.
FREYER, P. J. A recent series of 200 cases of Enucleation of the Enlarged Prostate, with special reference to the operation (1) in octogenarians, (2) in cases of extremely large prostate.
BIRD, F. D. Operation for Liver and Lung Hydatids.
MITCHELL, A. B. Perforative Duodenal Ulcer.
NEUBOLT, G. P. Some Cases of Resection of Intestine.
BLANEY, Alexander. Notes on Four Cases of Removal of the Gasserian Ganglion.
CATHCART, Mr. C. W. The Irritative Property of Extravasated Blood and its Clinical Importance.
EDINGTON, Mr. G. H. Some Cases of Intestinal Anastomosis.
LEEDHAM-GREEN, Mr. C. Scopolamin-morphine Narcosis.
HORT, Dr. E. C. The Diagnosis of Malignant Disease by Estimation of the Antitryptic Content of the Blood Serum.

Facilities will be provided for showing specimens and drawings to illustrate subjects under discussion.

TROPICAL MEDICINE.

President: CHARLES WILBERFORCE DANIELS, M.B., London School of Tropical Medicine, Albert Docks, London.

Vice-Presidents: Lieutenant-Colonel ANDREW DEANE, M.D., F.R.C.S.I., L.M.S., Royal Victoria Hospital, Belfast; Surgeon-General W. R. BROWNE, M.D., C.I.E., 5, Royal Crescent, Holland Park Avenue, London.

Honorary Secretaries: JAMES COLVILLE, M.D., 7, University Square, Belfast; Dr. ANTON BREINL, Director Runcorn Research Laboratories.

The following subjects have been selected for discussion:

Wednesday, July 28th, 10 a.m.—Persistence of the Tropical Diseases of Man due to Protozoa. The discussion will be opened by the President.

The following is a synopsis of Dr. DANIELS's paper introducing the discussion:

Diseases due to protozoa are in man caused by the parasites in their asexual cycles. The sexual forms may be present, but seem to have little or nothing to do with the causation of disease. The persistence of a disease due to a protozoa in man is, therefore, the same as the persistence of asexual multiplication of that parasite. On theoretical grounds repeated asexual reproduction should result in a degeneration of the strain, but of this in the human parasites there is little or no evidence. All the evidence goes to show that as far as these parasitic protozoa are concerned loss of virility takes place even with indefinite asexual multiplication. Protozoal infections do die out in man, but not from any developed weakness of the parasite, but from a steady increase in the resistant and germicidal powers of the host, and in essentials, as causes of disease resembling bacteria. The instances taken will be the parasites of malaria, trypanosomes, and *Entamoeba histolytica*.

Thursday, July 29th, 10 a.m.—Treatment of Chronic Recurrent Dysentery, with Special Reference to the Possibilities of Surgical Treatment. The discussion will be opened by Mr. J. Cantlie.

Mr. CANTLIE's paper will deal with the following points: Meaning of term—relation to colitis—mucus and mucous casts in stools—seat of chronic dysenteric lesions the sigmoid flexure—atomy of sigmoid revised—use of the sigmoidoscope and the aid it affords to diagnosis and treatment—treatment of recurrent dysentery by diet (meat and milk diets); by drugs (ipecacuanha, cuttlefish bone, lactobacillin, alkalis); by enemata (sea-water, quinine, nitrate of silver); by dilatation of sigmoid-rectal pylorus; by direct applications to ulcerative surfaces through tube of sigmoidoscope; by washing out intestine through opening in appendix; by opening sigmoid flexure; by excision of lesion at junction of sigmoid and rectum (that is, of sigmoid-rectal pylorus)—relation of liver abscess to dysentery—hepatitis not a necessary preliminary to liver abscess—suppurative hepatitis a local lesion not usually the result of general hepatitis.

Friday, July 30th, 10 a.m.—Feeding and Treatment of Children in the Tropics. The discussion will be opened by Dr. W. Carnegie Brown.

Dr. CARNEGIE BROWN, in introducing the discussion, will deal with the following points:

Infant mortality in the tropics: comparative statistics. Feeding problems: Unsatisfactory supply of fresh milk; utility of preserved milk; other substitutes. Relative infrequency in the tropics of the zymotic diseases of early life—for example, diphtheria, scarlet fever, acute rheumatism, etc.; consequent rarity of serious after-effects. Prevalent disorders of children: Tetanus, infantile diarrhoea, helminthiasis, dysentery, continued fevers, malaria, infantile splenomegaly, biliary cirrhosis, anaemia, and other marasmic conditions, yaws; prevention and treatment. Possibility of rearing healthy European children in the tropics; age for return to a temperate climate.

The Committee will be glad to receive pathological specimens, photographs, drawings, or microscopical preparations illustrative of any subject in Tropical Medicine.

PROVISIONAL TIME TABLE.

FRIDAY, JULY 23RD, 1909.

12 noon.—Annual General Meeting, followed by Representative Meeting.

SATURDAY, JULY 24TH, 1909.

9.30 A.M.—Representative Meeting.

SUNDAY, JULY, 25TH, 1909.

11.30 A.M.—Service at the Cathedral.

MONDAY, JULY 26TH, 1909.

10 A.M.—Representative Meeting.

7.30 P.M.—Annual Conference of Secretaries of Division and Branches.

TUESDAY, JULY 27TH, 1909.

10 A.M.—Council Meeting.

10.30 A.M.—Representative Meeting (if required).

10 to 12 A.M. } Inspection of York Street Flax Spinning and
and Weaving Company's Works (limited to 16
2.30 to 4.30 P.M. } each time).

2.30 P.M.—Adjourned General Meeting.

Induction of President.

2 to 4 P.M.—Inspection of Messrs. William Ewart and Son's Works, Flax Spinning and Weaving.

3 to 5 P.M.—Inspection of Harbour and Docks at the invitation of the Belfast Harbour Commissioners, by steamer. Robert Thompson, Esq., Chairman, will entertain the visitors at tea on board (limited to 150).

4 to 6 P.M.—Reception at Mater Infirmorum Hospital.

8.30 P.M.—President's Address.

Exhibition of Surgical Instruments, Drugs, Foods, etc., from 9 A.M. to 6 P.M.

WEDNESDAY, JULY 28TH, 1909.

9.15 A.M.—Annual Meeting of Medical Libraries' Association.

9.30 A.M.—Council Meeting.

10 A.M.—Sectional Meetings.

10 to 12 A.M. } Inspection of York Street Flax Spinning and
and Weaving Company's Works (limited to 16
2.30 to 4.30 P.M. } each time).

10.30 A.M.—Representative Meeting (if required).

12.30 P.M.—Address in Medicine.

2.30 P.M.—Visit to Belfast Rope Works Company's Premises.

2.30 P.M.—Visit to Messrs. John Shaw, Brown and Co.'s Premises, Damask Weaving.

4 to 6 P.M.—Garden Party given by the President and Lady Whitla at Lennoxvale House.

7.30 P.M.—Annual Dinner.

8 to 11 P.M.—Ladies' Reception, given by local members at the Opera House. Plays will be performed by members of the Ulster Literary Theatre.

Exhibition of Surgical Instruments, Drugs, Foods, etc., from 9 A.M. to 6 P.M.

THURSDAY, JULY 29TH, 1909.

8 A.M.—National Temperance League Breakfast.

9.30 A.M.—Council Meeting.

10 A.M.—Sectional Meetings.

10 to 12 A.M. } Inspection of York Street Flax Spinning and
and Weaving Company's Works (limited to 16
2.30 to 4.30 P.M. } each time).

12 NOON.—Cricket Match at the North of Ireland Cricket Club Grounds. (See below.)

Garden Party given by Sir Thomas and Lady Dixon at Hillsborough Castle. Train from Great Northern Railway. For times see *Daily Journal*. (Limited to 150.)

Drive in County Down, including visit to Forster Green Hospital and Sanatorium; to Belvoir Park (tea), with inspection of Model Dairy; and to Purdysburn Hospital (limited to 100). Brakes will start from the College at 2.30.

12.30 P.M.—Address in Surgery.

THURSDAY, JULY 29TH (Continued).

1.30 P.M.—Luncheon at Messrs. Dunville and Co.'s Warehouse, and subsequent inspection of Distillery (limited to 100).

2.30 to 4.30 P.M.—Inspection of Messrs. Harland and Wolff's Works.

Members wishing to visit these works are specially requested to send on a postcard their names to the Honorary Local Secretaries, Queen's College, Belfast, as soon as possible.

3 P.M.—Reception at the Royal Victoria Hospital given by the Chairman, James Davidson, Esq. (limited to 500).

8.30 P.M.—Reception given by the Right Hon. the Lord Mayor in the City Hall.

Exhibition of Surgical Instruments, Drugs, Foods, etc., from 9 A.M. to 6 P.M.

FRIDAY, JULY 30TH, 1909.

10 A.M.—Sectional Meetings.

10 to 12 A.M. } Inspection of York Street Flax Spinning and
and Weaving Company's Works (limited to 16
2.30 to 4.30 P.M. } each time).

Golf match at Newcastle for the Belfast Cup, presented by the Ulster Medical Society. Competitors will be entertained to luncheon and tea in the Club House of the Royal County Down Golf Club, names to be sent beforehand on postcard to the Honorary Local Secretaries, Queen's College, Belfast.

12.30 P.M.—Address in Obstetrics.

3 P.M.—Garden Party at the Royal North of Ireland Yacht Club's Club House, Cultra, with yacht race for members. Frequent trains from County Down Railway Station. See *Daily Journal*. (Limited to 200.)

4 to 6 P.M.—Garden Party given by R. J. McMordie, Esq., at Cabin Hill, Knock, Belfast. (Limited to 250.)

8 P.M.—Popular Lecture.

8.30 P.M.—Reception given by the President and Members of the Ulster Branch in the Botanic Gardens.

Exhibition of Surgical Instruments, Drugs, Foods, etc., from 9 A.M. to 6 P.M.

SATURDAY, JULY 31ST, 1909.

Excursions.

Bowling.—The Belfast Bowling Club has kindly offered the use of their fine ground to members of the Association attending the Belfast meeting. The ground is only two minutes' walk from the College. Any members wishing to take part in a match are asked to send their names on a postcard to Dr. John Rusk, 188, Antrim Road, Belfast.

Cricket Match.—A cricket match for the members of the British Medical Association visiting Belfast will be held on Thursday, July 29th, on the grounds of the North of Ireland Cricket Club, which are only ten minutes' walk from Queen's College. Dr. J. W. Taylor has kindly arranged to give luncheon to the teams, and afternoon tea to them and the spectators as well. Cricketing members who are willing to take part in the match are asked to communicate as soon as possible with Dr. J. W. Taylor, Dunelin, Malone Road, Belfast.

CATHEDRAL SERVICE.

The Bishop of Down, Connor, and Dromore has arranged that the Sunday morning service at the Cathedral (11.30 a.m., July 25th) shall be a special service for medical men. There will be special hymns printed, the Bishop will preach, and seats will be reserved for members of the Association.

Honorary Local Secretaries—

HENRY LAWRENCE MCKISACK, M.D., M.R.C.P.,
17, University Square, Belfast.

Cecil EDWARD SHAW, M.A., M.D., M.Ch.,
29, University Square, Belfast.

HOWARD STEVENSON, B.A., M.B., F.R.C.S.I.,
2, College Square North, Belfast.

Meetings of Branches & Divisions.

[The proceedings of the Divisions and Branches of the Association relating to Scientific and Clinical Medicine, when reported by the Honorary Secretaries, are published in the body of the JOURNAL.]

BIRMINGHAM BRANCH.

THE annual meeting was held at the Medical Institute on Thursday, June 17th, Mr. F. MARSH (the President) in the chair. Thirty members were present.

Apologies for Non-attendance.—Apologies for absence were received from Dr. Freer and Mr. Priestley Smith. The notice convening the meeting was read.

Confirmation of Minutes.—The minutes of the last annual meeting were read, confirmed, and signed.

Coventry Provident Dispensary.—The PRESIDENT moved and Mr. GILBERT BARLING seconded the following resolution:

That this Branch hereby records its high appreciation of the public spirit shown by Drs. Pickup, Fenton, Heal, and Arch in resigning, at considerable pecuniary sacrifice, the posts of medical officers to the Coventry Provident Dispensary, in response to a representation by the Coventry Division and Birmingham Branch of the British Medical Association, who were of opinion that the management of the dispensary was inimical to the best interests of the general public and the medical profession.

This was carried unanimously.

Election of Officers.—The following members were elected officers for 1909-10: *President*, Dr. Herbert Manley; *President-elect*, Mr. Gilbert Barling; *Representatives of Branch on Central Council*, Dr. Herbert Manley and Mr. Albert Lucas; *Honorary Treasurer*, Dr. Thomas Wilson; *Chairman of Pathological and Clinical Section*, Dr. Stacey Wilson; *Honorary Secretaries*, Mr. Albert Lucas and Mr. J. Furneaux Jordan.

Annual Report, Financial Statement, etc.—The annual report, the financial statement, the report of the representatives of the Branch on the Council, the report of the Pathological and Clinical Section, and the report of the Ethical Committee, having been previously circulated amongst the members, were taken as read, approved, and ordered to be entered on the minutes.

Installation of New President.—Mr. MARSH then welcomed the new President, Dr. Herbert Manley, to the chair. Dr. HERBERT MANLEY heartily thanked the members for electing him to the office of President of the Birmingham Branch.

Votes of Thanks to Retiring Officers.—Dr. MANLEY proposed a vote of thanks to the retiring President. This was seconded by Dr. BRANSON, and carried by acclamation. Mr. MARSH replied. Votes of thanks to the retiring officers for their services during the session 1908-9 were passed.

President's Address.—Dr. HERBERT MANLEY then delivered his presidential address on the subject of the medical aspects of the report of the Poor Law Commission. A vote of thanks to the President for his address was moved by Dr. MESSITER, seconded by Dr. HENTON WHITE, and carried unanimously.

DUNDEE BRANCH.

THE annual meeting was held at the Royal Infirmary, Dundee, on May 7th.

Election of Officers.—The following members were elected officers for the ensuing year: *President*, J. A. C. Kynoch (Dundee); *President-elect*, D. Laing (Arbroath); *Past-President*, G. Peterkin (Forfar); *Vice-Presidents*, A. J. Duncan (Dundee), D. Wardrop (Alyth); *Treasurer*, D. M. Greig (Dundee); *Secretaries*, R. Cochrane Buist (Dundee), A. P. Low (Dundee); *Council*, H. C. Colman (Broughty Ferry), W. S. Malcolm (Dundee), C. S. Young (Dundee), W. E. Foggie (Dundee), M. Cannon (Montrose), A. D. Yule (Arbroath); *Representative for Representative Meeting*, R. Cochrane Buist.

EDINBURGH BRANCH:

NORTH-WEST EDINBURGH DIVISION.

THE annual meeting of the Division was held on June 7th, Dr. JAMES RITCHIE in the chair.

Confirmation of Minutes.—The minutes of the previous meeting were read and approved.

Election of Officers.—The following officers were elected: *Chairman*, Dr. James Ritchie; *Vice-Chairman*, Dr. Alex. James; *Honorary Secretary and Treasurer*, Dr. F. D. Simpson; *Representatives on Branch Council*, Drs. Ballantyne and Simpson; *Representative at Representative Meetings*, Dr. Nasmyth; *Members of Executive Committee*, Drs. Gibson, Elder, Lackie, Haig Ferguson, Scott Carmichael, W. T. Ritchie.

Report of Executive Committee.—The report of the Executive Committee was read and approved.

Whole-time Medical Officers of Health.—On the motion of Dr. NASMYTH, the meeting expressed approval of the principle that medical officers of health should not engage in private practice, but recognized, at the same time, that small sanitary areas could not expect their medical officer to be debarred from private practice.

Medical Certification of Suitability for Hospital Treatment.—While the Division recognized the existence of hospital abuse, it considered it would be inexpedient to have the proposed rule regarding certificates enforced.

Fresh Public Medical Institutions.—The meeting considered that as regards Scotland any action by the Association in this matter was unnecessary.

Earlier Election of Representatives.—It was resolved:

That Rule 7 of the Division's By-laws be altered as follows:

That the Representative of the Division shall be elected by a general meeting of members held not more than nine months nor less than three weeks before the Annual Representative Meeting.

GLASGOW AND WEST OF SCOTLAND BRANCH.

THE annual general meeting of this Branch was held in the Pathological Department of the Western Infirmary on Wednesday, June 9th, at 3 o'clock p.m., Professor R. STOCKMAN, M.D., presiding.

Confirmation of Minutes.—The minutes of the (a) annual meeting and the (b) special meeting were read and adopted.

Apologies for Non-attendance.—Letters were read from Drs. A. C. Munro, Frew, Hunter, Grant Andrew, and other members, expressing their regret at being unable to attend.

Notice of Council Election.—Dr. W. L. MUIR moved:

That the Secretary of the Branch officially notifies the Secretaries of Divisions of an approaching Council election one month before the day of nomination.

This was seconded by Dr. BRYCE and agreed to.

Honorary Secretary's Report.—The HONORARY SECRETARY presented the following report:

On December 31st, 1907, the membership of the Branch was 697; on December 31st, 1908, the membership was 687—a decrease of 10 members; 45 new members have been added—15 by change of address; 55 members have been lost to the Branch—11 by death, 15 by resignation, and 26 by removal.

There have been held throughout the year one special meeting and seven Council meetings. The special meeting was called to consider the question of petitioning the Privy Council to amend the provisions of the draft Charter relating to the Referendum. A reply postcard was sent to every member of the Branch asking an affirmative or negative reply to the two following questions:

1. Are you of opinion that a Referendum should be taken on a requisition of half the members of the Central Council present and voting at the meeting at which the question comes up?
2. Are you of opinion that the Referendum should be taken by letter addressed to every member of the Association?

An affirmative reply was given to both questions in 180 instances.

A negative reply to the first question and an affirmative to the second were given in 72 instances.

An affirmative answer to the first question and a negative to the second were given in 2 instances.

An affirmative reply to the second question alone was given in 19 instances.

A negative reply to both questions was given in 7 instances.

To the first question, therefore, there replied:

In the negative	...	...	...	79
In the affirmative	...	...	...	182

So that there was, of those voting, a majority of 103 in favour of a Referendum being taken on the requisition of half the members of the Central Council present and voting at the meet-

ing at which the question comes up. And to the second question there replied

In the negative 9
In the affirmative... .. 271

a majority of 262 in favour of the opinion that a Referendum should be by letter addressed to every member of the Association. Only 40 per cent. of the members voted.

As the draft petition against this particular clause in the Charter asked that the Referendum should be taken on the requisition of half the Central Council, whether present or not, it was considered incompetent for the officials of this Branch to sign the petition. The issue of a separate petition from members enabled any member of the Branch to sign who chose.

Dismissed Ruchill Residents' Fund.—A sum of £81 was obtained and equally divided among the three dismissed resident assistants.

The reports on the *Abuse of Medical Charities* and on the *Payment for Attendance on Street Accidents* are submitted.

The *Medical Examination of Children under the Glasgow School Board* is receiving the consideration of the Council.

The attention of the Branch is drawn to the financial statement of the various Branches throughout the kingdom given in the SUPPLEMENT to the JOURNAL of May 1st. The Central Council has agreed not to recognize any expenditure outwith the regulations of the Association, "and that the balances in the hands of the Branches be calculated as though such expenditure had not been made."

It is recommended by your Council that no further honoraria be given.

Dr. W. L. MUIR raised some questions on the matter of the Referendum and a special petition which had been sent to the Privy Council. Drs. JOHN DUNCAN and GEORGE B. BUCHANAN and the SECRETARY replied. Adopted after some discussion on the various questions considered in the report.

Financial Statement.—The following abstract of income and expenditure for year ending December 31st, 1908, was presented:

INCOME.		£	s.	d.
Balance in hand, December 31st, 1907	...	303	14	7
Capitation grant for year 1908	...	137	8	0
Returned by Divisions	...	30	2	4
Bank interest	...	2	8	0
		473	12	11
EXPENDITURE.		£	s.	d.
Grants to Divisions:				
Ayrshire Division—61 at 1s. 6d.	...	4	11	6
Dumbartonshire—50 at 1s. 6d.	...	3	15	0
Lanarkshire—74 at 1s. 6d.	...	5	11	0
Renfrewshire—77 at 1s. 6d.	...	5	15	6
Glasgow Central—127 at 1s. 6d.	...	9	10	6
Glasgow Eastern—78 at 1s. 6d.	...	5	17	0
Glasgow North-Western—114 at 1s. 6d.	...	8	11	0
Glasgow Southern—90 at 1s. 6d.	...	6	15	0
Secretarial expenses:				
Printing and stationery	...	32	7	10
Postage and expenses	...	5	17	8
Clerical aid	...	4	12	0
Items not included in above:				
Branch Representatives' honorariums	...	21	0	0
Honorariums to Division Representatives—8 at £5s.	...	42	0	0
Branch councillors' railway fares	...	5	5	9
Balance at December 31st, 1908	...	312	3	2
		473	12	11

March 9th, 1909.—Examined, compared with the vouchers, and found correct, balance at the credit of the Branch being three hundred and twelve pounds, three shillings, and twopence, composed of deposit receipt for two hundred and twenty pounds, and on current account ninety-two pounds, three shillings, and twopence.

(Signed) ROBT. JARDINE } Auditors.
W. SEMPLE YOUNG }

This report was adopted.

Abuse of Medical Charities in Glasgow.—The following report of the Branch Council on the question of the abuse of medical charities in Glasgow was presented:

We have to report that, following upon the remit made to us to inquire into the question of the abuse of medical charities in Glasgow, we issued circular letters to all the members of the medical profession practising in Glasgow and the immediate neighbourhood, including a large number of practitioners who were not members of the Association. We indicated that we would be extremely obliged if members of the profession would quote on a sheet which we enclosed specific instances, if they were aware of any, of the abuse of medical charities. We suggested that such instances would naturally fall under one or other of the following categories, namely:

1. Indoor department of general hospitals—
 - (a) Surgical section.
 - (b) Medical section.

2. Outdoor department of general hospitals or other dispensaries.

3. Special hospitals or dispensaries.

We undertook that the sources of information would be regarded as absolutely confidential; and, indeed, the names of the gentlemen who communicated with us were not laid before the committee.

The result of the issue of the circular was extremely discouraging. We had only 49 replies to the 600 circulars issued. This small response was undoubtedly due in large part to the inertia of the profession; but in the face of so limited a response, it can hardly be asserted that the medical profession in Glasgow suffers to any large extent from the abuse of medical charities.

From the instances furnished to us, however, it is evident that such abuse does to a certain extent exist, and that there is at present no sufficient means of checking it. Such abuse, unfortunately, is frequently associated with cases recommended by medical men.

The general view appeared to be that there was no serious abuse of the indoor departments of hospitals, but that there was some abuse of the outdoor departments and dispensaries. Such instances as the following may be cited:

1. Wife of a buyer in a large warehouse, residing in a good house, no family, attends — Dispensary, and remarks to neighbours that she "does not need to pay a doctor."
2. The wife of a partner in a public-house and aerated water manufactory business receives free advice and medicine at the same dispensary.
3. Man earning £4 a week attends — Infirmary Dispensary; has abscess in finger opened and after-treatment.
4. Case of lad receiving liberal compensation under the Workmen's Compensation Act who visited a medical man, on crutches, with his foot swathed in cotton-wool and bandages. On taking these off a slight injury to the big toe-nail was found. He had been treated by a nurse at the — Infirmary, who told him to "keep coming back."
5. The singular case is cited of a girl who repeatedly returned with a prescription for cod-liver oil, which was stamped all over with "repeats." The prescription, she said, was "for her father." The reporter was astonished at the father requiring so much oil and inquired. The explanation was that "he mends old boots"—and found the oil useful in that connexion.
6. Girl, in a family whose united income is close on £6 a week, is advised to go to the — Infirmary, where she gets six dozen Blaud's pills—gratis, of course—and is told to come back when they are finished.

Considerable complaint is made of the admission for treatment on subscribers' lines, workmen frequently thinking that because they subscribe 1d. a week or month they have a right to treatment, and of employers of labour who save the cost of paying a medical man by giving an employee an hospital line.

7. We have a case of a bachelor earning from 45s. to 55s. per week, who considers that as he was a contributor of one or two shillings a year to the funds of the — Infirmary, he was entitled to enter it for an operation for hæmorrhoids.

It appears to be generally admitted that there is a considerable abuse of special hospitals and dispensaries. While the information at our disposal does not justify us in arriving at any large generalization, we are of opinion—

1. That a communication should be addressed to the various infirmaries and dispensaries in Glasgow suggesting that a conference should be arranged of representatives from various Boards of Management, with a view to the introduction of a uniform plan of action to prevent the abuse of medical charities through the resort to them of persons who are in a position to pay for such medical or surgical treatment, and medicines, and dressings as they require.
2. That the system of admission by subscribers' lines is open to objection: that patients should be accepted by medical charities on the ground of necessity and suitability alone.

This report was adopted. The Branch Council to proceed on the lines suggested in the report.

Payment for Attendance on Street Accidents.—The following report of the Branch Council on the question of payment for attendance on street accidents was presented:

We have to report that, following upon the remit made to us by the Glasgow Southern Division into the question of payment for attendance on street accidents, information has been obtained from the Medical Officers of Health for Liverpool, Sheffield, Manchester, Newcastle, and Birmingham. The following is a brief summary of the replies:

Liverpool.—"There is no fixed scale here in connexion with the remuneration of medical men for attendance on street accidents. We have an excellent Police Ambulance Service, with an ambulance stationed at each of the principal hospitals, and available day and night. There is also a special alarm system which is used for both fire and ambulance work, and practically all street accidents are dealt with by the ambulance. It has occasionally happened that a doctor has rendered prompt assistance in case of accident, etc., and each such case is dealt with by the Watch Committee on its merits."

Sheffield.—"If the police have to summon a doctor to attend a case of accident in the street the doctor's fee is paid by the

police. The chief constable informs me that no question has arisen as to the amount of such fee up to the present time. If a doctor attended a street accident case on his own initiative and sent in his account the police would not pay it. In the majority of cases the police send for the ambulance and take the case to the hospital. There are probably not more than twelve cases in the year where a policeman summons a doctor."

Manchester.—"The police here have no instruction to call medical aid, and, as a matter of fact, very rarely do so. The police ambulance is at once summoned and the person taken to hospital. Where medical aid has been summoned the practitioner is paid, but no rate of remuneration has been fixed."

Newcastle.—"The chief constable informs me that the fees paid to medical men by the Newcastle Watch Committee for attendance on street accidents vary, the ordinary fee being 5s. In certain cases 10s. 6d. is paid."

Birmingham.—"When a police officer is called to a street accident, and he considers it necessary that a medical man should be called, he fills in a medical attendance card,* which

* Specimen of Card issued by Birmingham City Police.

For one attendance only

BIRMINGHAM CITY POLICE.

Please attend immediately to

suffering from
at 19

Signed..... Rank.....
Doctor.....

Send Account and this card without delay to

The Chief Clerk,
Chief Constable's Office, Newton Street.

This Card is only to be given where Medical Aid is called in by the Police.

the doctor forwards with his account to the office. All members of the force carry these cards. The fees vary with the usual charges of the doctor whose services are called in. Most of the claims run from 3s. 6d. to 5s.

Your Council is of opinion that this Branch should communicate with the Police Authorities of Glasgow, and recommends the adoption of the system in use at Birmingham, but that the fee should be a uniform one of 5s.

This report was adopted along with the following resolution, moved by Dr. LAWSON and seconded by Dr. W. L. MUIR, namely:

That it be an instruction to the Branch Council to reconsider the question of payment of fees to medical men who attend street accidents, especially with reference to the non-payment of a fee in cases in which a constable has not called the doctor.

Instruction to Branch Council.—The following motion, proposed by Dr. W. L. MUIR and seconded by Dr. J. PATRICK, was agreed to, namely:

That it be an instruction to the Branch Council that, either at the annual meeting of the Branch or at a meeting called for the purpose, our members on the Central Council in London give an account of their stewardship and, generally, their opinions on matters of interest to members of the Association.

Election of Office-bearers.—Dr. CASKIE moved and Dr. SIMPLE-YOUNG seconded the election of office-bearers as follows: *President*, Professor Ralph Stockman; *President-elect*, Dr. J. N. Marshall, Rothesay; *Vice-Presidents*, Dr. A. Campbell Munro and Dr. J. H. Nicoll; *Secretary*, Dr. Wm. D. Macfarlane, junior, 17, Woodside Crescent, Glasgow; *Treasurer*, Dr. J. P. Duncan, Queen's Park House, Glasgow; *Central Council*: Mr. Jas. Grant Andrew and Dr. D. J. Mackintosh, M.V.O., have been re-elected members of the Central Council for another year. The election was agreed to unanimously.

Ethical Committee.—Dr. STEWART asked for the report of the Ethical Committee. Professor STOCKMAN said it was not yet complete.

Pathological Demonstration.—A demonstration was given in the pathological department of the infirmary by Professor MUIR and others. The following subjects were illustrated by a lantern demonstration, specimens, etc.: Serum diagnosis of syphilis; trypanosomiasis; multiple cerebro-spinal sclerosis; origin of cancer in cirrhosis of the liver; recent methods of cultivation of the typhoid bacillus; cultivation of gonococci from joints; Addison's disease; chorion epitheliomata and melanomata; leukaemia in an infant, and other cases of interest. There was a microscopic demonstration of microparasites, blood diseases, etc. The Pathological Museum was open for the inspection of members.

Votes of Thanks.—Professor Muir was accorded a hearty vote of thanks for a very interesting and instructive demonstration. A vote of thanks was accorded to the

retiring President and to Mr. Grant Andrew, Honorary Secretary, for the great interest they had taken in the work of the Branch.

METROPOLITAN COUNTIES BRANCH.

The fifty-seventh annual general meeting was held on June 24th, at 5 p.m., at the St. James's Vestry Hall, Piccadilly, W. Sir VICTOR HORSLEY, F.R.S., President, was in the chair. There were about fifty members present.

Confirmation of Minutes.—The minutes of the last annual meeting and of the special meeting held on December 30th, 1908, of which full accounts appeared in the SUPPLEMENT, were taken as read and signed by the Chairman.

REPORT OF BRANCH COUNCIL.

The report of the Council for the year 1908-9 was read. It was as follows:

The Council is glad to report that the activity and work of the Branch has increased during the past year. Many important questions have been discussed in the Divisions and in the Council, and are either settled or being brought to favourable issues.

Area of the Branch.—In consequence of its having been fortunately found possible to organize a Buckingham Division, the area of the Watford and Harrow Division of the Association has been slightly reduced.

The Charter.—The Branch has, as a whole, held but one meeting, namely, a special meeting summoned on the requisition of fifty members to consider a proposition to oppose the application for a Royal Charter, made by the Association to the Privy Council, until certain points concerning the Referendum had been reconsidered by the Association. The special meeting, which was held on December 30th, 1908, declined by a very large majority to oppose the application. At the meeting the important point was raised whether a Branch or Division could use the funds of the Association to oppose any act of the Association which had been decided by the Representative Meeting and the Central Council. Counsel's opinion, obtained by the Central Council on the application of the President, was that the Branches and Divisions could not legally use their funds for the purpose stated.

Finance.—The statement of accounts and balance sheet is appended to this report. It will be seen that, in spite of a largely increased amount for printing, owing to the work of the Council and Committees, the balance in favour of the Branch is about £70 more than in the previous year.

Hampstead Hospital.—Much of the time of the Council has been occupied with the Hampstead Hospital question, which involves two distinct matters: first, the ethical position of certain members of the Branch; and, secondly, the constitutional question of the relation of the hospital to the interests of the public and of the local practitioners. The ethical question concerned the position of certain members of the Association against whom it was alleged that they had, by disregarding the warning notice, placed themselves in direct opposition to the profession in Hampstead. The Council reports that the ethical position of these gentlemen was discussed fully by the Marylebone Division, but referred by the Division to the Branch Council. The findings of the Branch Council were duly referred to the Central Council, which has approved the report of the Central Ethical Committee thereon. The Branch Council also requested the Central Council to take steps to secure by conference a reinvestigation of the whole question, including the constitution of the hospital staff, and at their April meeting desired that an historical account of the dispute should be published by the Central Council. The Branch Council are glad to report that they understand negotiations are in progress and that the record in question will be published very shortly. The Council also feels that the first step towards a successful issue of the negotiations and a solution of this dispute in a manner satisfactory to the medical profession has been secured by Mr. Edmund Owen's resignation of his position on the staff of the hospital. Arising in connexion with this question, the Branch Council, on a motion from the Westminster Division, approved and forwarded to the Central Council the following resolution:

That the Council of the Metropolitan Counties Branch is of opinion that the Central Council, having permitted the

publication of the warning notice, should secure its observance. By reason of his loyal compliance with the notice, a member of the Council of the Branch lost the opportunity of regaining his hospital appointment, while those who defied the notice were enabled thereby to supplant him. The Branch Council, therefore, most earnestly call upon the Central Council to redress the injustice without delay, as its long continued existence is conducive to the disintegration of the Association.

Putney Hospital.—It is hoped that the relation of the profession to the Putney Hospital will be satisfactorily adjusted by the action of the practitioners resident in the district.

King's College Hospital.—The Council regrets that in spite of the resolution of the Representative Meeting at Sheffield, the extremely important question of the outpatient department of the new (transferred) King's College Hospital remains unsettled. It is also the subject of negotiations by the Central Council, and it is hoped that the solution of this matter, which is of such serious import to the practitioners resident in South London, will be furthered by the support of the forthcoming Representative Meeting at Belfast.

Medical Treatment of Children in Elementary Schools.—The Branch Council has devoted much attention to the question of medical inspection and treatment of school children, and is taking steps to prevent the abuse of voluntary hospitals and charitable institutions by the London County Council, the Education Committee of which is proposing to make an arrangement with some of the hospitals, whereby school children shall be treated therein on consideration of a grant from the County Council to the expenses of the charities. The Branch Council, feeling that the interests of the children, of the other patients attending these hospitals, of the subscribers to the charities, and of medical practitioners, whether in consulting or general practice, were alike adversely affected by this proposition, addressed a letter to the members of all the staffs of the London hospitals in opposition to the action of the County Council. The matter is still under discussion, but in respect of the same question the Branch Council is glad to report that the County Council have courteously modified, in accordance with the desire of the Branch Council, their instructions to parents respecting children suffering from suppurating ears, and have especially withdrawn their suggestions that such children should be taken to the hospitals.

So-called Spiritual or Faith Healing.—The attention of the Branch Council having been drawn to efforts made by certain persons to secure the support of the Established Church for what is termed "spiritual healing," the Council at once approached the Bishop of London to secure that a

proper inquiry should be made into the subject, and at the same time reported the matter to the Central Council. A favourable reply was received from the Bishop of London, and the Central Council appointed a committee of inquiry.

Hospital Treatment and Certification of Accident Cases under the Workmen's Compensation Act.—Under recent legislation there is a constantly growing tendency to require unremunerated work from the medical profession, and to accept (contrary to the Medical Acts) certificates from unqualified persons. In respect of the Workmen's Compensation Act, the Branch Council formulated a number of propositions, and forwarded them to the hospital authorities throughout the metropolis, with the view of preventing this form of hospital and professional abuse. The Council invites the active co-operation of the staffs of the hospitals in this matter.

Federated Societies Medical Benefit Association.—Inasmuch as the scheme proposed by this association was antagonistic to the principles of contract practice as adopted by the British Medical Association, and therefore was, in the opinion of the Branch Council, prejudicial to the interests of the public and profession alike, the Council addressed a letter to all members of the Branch in the metropolitan area, urging them not to act as medical officers under the said scheme.

School Care Committees.—In view of the large number of medical questions now brought under the scope of education authorities, the Branch Council has taken steps to bring to the notice of the bodies concerned the desirability of appointing medical men upon the School Care Committees now being formed under the London County Council. The Council invites the active interest of the members of the Branch in the matter, and hopes that practitioners will come forward to serve on the School Care Committees.

Elections.—At the ordinary meetings up to May 27th, 1909, 111 candidates were elected members of the Association.

Resignation of the Past President.—The Past President of the Branch, Dr. Frederick Taylor, having been appointed a member of the General Medical Council, has consequently resigned his membership of the Association.

Deaths.—The Council records with regret the deaths of Mr. George Eastes, a former President and Treasurer, as well as a most active member of the Branch, and of Dr. E. A. Snape, a member of the Council.

The report was adopted.

Balance Sheet.

The following balance sheet for 1908 was presented:

Dr.	£ s. d.	£ s. d.
Balance in hand ...	826 19 0	879 10 10½
Paid by General Secretary:		
On February 10th, 1908 ...	15 12 0	
.. May 19th, 1908 ...	288 16 0	
.. September 30th, 1908 ...	134 8 0	
.. December 31st, 1908 ...	114 2 0	
	532 18 0	532 18 0
£532 18 0	533 10 0	532 18 0
£532 18 0		
2,524 Members at 4s. ...	505 16 0	
39 Members at 2s. ...	3 18 0	
Arrears for 1905, 1 at 4s. ...	0 4 0	
.. .. 1906, 21 at 4s. ...	4 4 0	
.. .. 1907, 92 at 4s. ...	18 8 0	
.. .. 1907, 4 at 2s. ...	0 8 0	
	532 18 0	
Interest ...	20 12 10	9 12 6
(N.B.—The Balance at the Audit, £981 18s. 2½d., is made up of:		
£650 0 0 on Deposit,		
122 2 5½ in hands of Division Secs.,		
209 15 9 Balance at Bank,		
	981 18 2½	
Deduct 32 8 7½ Deficit in Expenses of Divisions.		
	£949 9 7	

£949 9 7 Branch's real Balance.]

Finance Committee.

The Committee has, in accordance with the regulations of the Council, examined the Honorary Treasurer's Financial Statement, and, having compared this with the vouchers and bank book, has authorized the Chairman to sign it as correct.

(Signed) LAURISTON E. SHAW,

Chairman, Finance Committee.

H. BETHAM ROBINSON,

Treasurer.

March 11th, 1909.

£1,381 1 10 £1,422 1 4½

Expenses of Division:	£ s. d.	£ s. d.	£ s. d.	Cr.	£ s. d.
1907					
Chelsea ...	9 19 7		8 11 6		
City ...	20 9 5		18 5 6		
Ealing ...	14 7 5		17 0 8		
Hampstead ...	53 6 10½		35 17 6½		
Kensington ...	21 8 2		29 10 11		
Lambeth ...	11 11 2½		8 1 10½		
Marylebone ...	51 6 11		54 0 6		
Richmond ...	20 7 10		17 12 8		
St. Pancras ...	14 2 3		15 3 3		
Stratford ...	13 7 9		13 18 6		
Tottenham ...	14 10 2		9 18 9		
Walthamstow ...	9 6 10½		9 16 11½		
Wandsworth ...	47 4 4		19 7 8		
Watford ...	6 12 3		6 12 11		
Westminster ...	26 5 10		26 7 3		
	334 6 10½		290 6 5½		

Expenses of Branch:

Hire of Rooms ...	20 1 6	22 5 6
Printing ...	118 12 0	139 18 2
Secretarial expenses ...	12 19 5	9 13 3
Treasurer's expenses ...	0 7 0	0 4 3
Bank charges ...	0 4 2	0 4 2
Expenses of South London Hospitals Committee ...		10 0 0
		182 5 4
Expenses of South-Western Hospitals Committee ...	15 0 0	
	167 4 1	
Balance in hand ...	879 10 10½	949 9 7
	£1,381 1 10	£1,422 1 4½

REPORT OF REPRESENTATIVES ON CENTRAL COUNCIL.

The Charter.—At the meeting of the Central Council on October 28th, 1908, the draft Charter, Ordinances, By-laws, and Schedule thereto, submitted by the Organization Committee, as finally revised by counsel, were approved, and the Chairman of Council and the Chairman of the Organization Committee were authorized to proceed with the application for a Charter. The petition on behalf of the Association to His Majesty the King was accordingly presented on December 21st, 1908, and this was approved by the Council at the January meeting, 1909. The Central Council, without dissent, approved of the action of its officers in applying for the Charter.

Hospital Questions.—The King's College Hospital out-patients and the Hampstead Hospital questions are still under consideration.

Medical Inspection and Treatment of School Children.—Recommendations on these subjects were submitted at the Central Council meeting of April 28th, 1909, and were referred to Divisions and the Representative Meeting (see BRITISH MEDICAL JOURNAL SUPPLEMENT of May 15th, 1909). The following recommendation may be specially noted:

The Council will ask the Representative Meeting to approve that, if it be found desirable to appoint a class of school medical officer having supervising as well as inspecting duties, a rate of salary should be fixed above the minimum adopted by the Association for officers engaged in inspection only.

Midwives Act.—The Council has not been successful in obtaining representation for the British Medical Association on the Departmental Committee. It approved of evidence being given before that Committee in favour of representation on the Midwives Board and on other points, and the following gentlemen were appointed to give such evidence, namely: Dr. L. McManus, London; Dr. J. H. Taylor, Salford; Mr. C. E. S. Flemming, Stratford-on-Avon, with the Medical Secretary. (N.B.—This evidence has since been given.)

Model Rules of a Public Medical Service.—These were approved by the Council on April 28th, 1909, subject to opinion of counsel on some points reserved. In this connexion the Council recommends the consideration of the recommendations of the reports of the Royal Commission on the Poor Law concerning public medical assistance.

Poor Law Reform Committee.—It was decided on April 28th to appoint a special committee to consider the reports of the Royal Commission on the Poor Law as affecting the medical profession, and to report to the Council with recommendation as to any action which should be taken by the Association. The committee is to be constituted as follows: Five members nominated by the Medico-Political Committee, three by the Public Health Committee, two by the Hospitals Committee, two by the Scottish Committee, and two by the Irish Committee. It would be difficult to exaggerate the importance of this committee, as legislation is almost certain to follow the report of the Commission, which, in its recommendations for the treatment of the sick poor, repeatedly recognizes the influence and work of the British Medical Association. We think it desirable that the Poor Law Reform Committee should co-opt at least one additional member, who would further represent the views held in the Metropolitan Counties Branch.

Representation of the British Medical Association in the House of Lords.—The Earl of Wemyss proposes to bring before the House of Lords the suggestion that the British Medical Association, as representing the medical profession, should nominate three members of the House of Lords to represent them officially in questions coming before the House. This matter was brought forward at the Council meeting, April 28th, 1909, and referred to the Representative Meeting.

Coroners' Law.—The Council has appointed representatives to give evidence before the Departmental Committee of the Home Office on this subject. The tenor of the evidence will be that agreed on by the Medico-Political Committee, and will be given at the end of June.

General Anaesthetics Bill.—Evidence on this bill will also be given before the Departmental Committee of the Home Office on Coroners' Law.

King Edward's Hospital Fund.—The application to the King Edward Hospital Fund for London for representation of the British Medical Association on its Committee on

Out-patients has not been granted so far, possibly owing to the postponement of the inquiry till next year.

Ebbw Vale.—There is every prospect of success in this matter, as, even if the fund were broken up, it would lead to an organization similar to a public medical service.

Expenditure of the Association.—This has been considerable, owing to the increased work of the Association for the profession. As examples of expenditure the following may be mentioned, namely: The preparation of the evidence to be laid before the Royal Commission on the Poor Law cost over £250, and the preparation of the Medical Acts Consolidated Bill will probably cost from £300 to £400. At the same time the occupation of the new premises has been costly, and as the shops on the Strand and Agar Street have not let, there is no set-off at present by rents coming in.

General Secretary.—There has been much discussion in the Council on the subject of the future title of the General Secretary. The Representative Meeting had decided that he should be called "Financial Secretary," but, after a statement by the officer in question, the Council decided to recommend that his title should be "Financial Secretary and Business Manager."

J. FORD ANDERSON,
G. E. HASLIP,
HUGH R. KER,
LAURISTON E. SHAW,
G. CRAWFORD THOMSON.

May 20th, 1909.

The report was approved.

Proposed British Medical Students' Union.—Dr. WALTER SMITH moved the following resolution, of which he had given notice:

That the Representatives of the Branch on the Central Council be instructed to move at the Representative Meeting the following resolution on the last paragraph of Section 5 of the annual report of the Central Council: That a committee, say, of seven, be formed to investigate and report as to the feasibility of forming a British Medical Students' Union or a similar body, under the auspices of this Association, with branches in all towns having medical schools, which shall act as a nursery for future members of the Association.

This motion was seconded by Dr. KER and carried.

Rules of the Branch.—These rules, which had been adopted at the last annual meeting, but had been slightly amended by the Central Council, were adopted in their amended form.

Election of Officers.—The scrutineers of the ballot, Drs. G. Crichton, A. Withers Green, W. A. Milligan, P. J. S. Nicoll, St. Clair B. Shadwell, G. Cardno Still, and James Young, reported the results of the election as follows: *President-elect*, Dr. Lauriston E. Shaw; *Treasurer*, Mr. H. Betham Robinson; *Honorary Secretary*, Dr. E. W. Goodall (there was only one nomination for each of these posts); *Vice-Presidents*, Mr. Atwood Thorne, Drs. Major Greenwood, M. G. Biggs, and Knowsley Sibley; *Representatives of the Branch on the Central Council*, Sir Victor Horsley, Drs. Lauriston E. Shaw, Ford Anderson, Hugh R. Ker, and G. E. Haslip. It was resolved that the Council of the Branch should appoint another Honorary Secretary at its next meeting, as by the rules of the Branch there should be two Secretaries.

New President.—The retiring President, Sir Victor Horsley, then left the chair, which was taken by the new President, Dr. Ford Anderson.

Vote of Thanks to Retiring President.—Dr. Biggs proposed that a hearty vote of thanks should be accorded to the retiring President and the other officers of the Branch for their services during the past year. This was carried unanimously.

President's Address.—Dr. ANDERSON then delivered a short address on "Home and Hospital Treatment of the Poor and Low-wage Earners, based on the Majority Report of the Royal Commission on the Poor Laws and Relief of Distress." (The address was published in the SUPPLEMENT for June 26th, 1909.)

Vote of Thanks to the President.—The meeting terminated with a vote of thanks to the President for his address.

HAMPSTEAD DIVISION.

THE seventh annual meeting of this Division was held in the Committee Room of the Hampstead Central Library, Arkwright Road, on Tuesday, June 22nd. Dr. OPPENHEIMER was in the chair.

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Annual Report.—The sixth annual report of the work of the Division was read and adopted. It was to the following effect:—During the year 1908-9 there have been twelve meetings of the Division; eight of these were business meetings, at which discussions took place and resolutions adopted *inter alia* on the following matters: Hampstead Hospital question, ethical rules, financial matters affecting the Association, school clinics, medical treatment of school children, the report of the Medical-Political Committee on the medical inspection and treatment of school children, the draft Charter, contract practice, federated benefit societies and medical benefits, State support and training of midwives, medical officers of health. The average attendance at these was 13, or, excluding the annual meeting, 11.3. There were four scientific meetings held at which papers were read (1) by the Chairman on The Philosopher Physician, (2) by Dr. Mercier on Principles of Treatment, (3) by Sir Almroth Wright on The Principles of Vaccine Therapy, (4) by Dr. J. Mackenzie on Nodal Rhythm and Heart-block. The attendance at the scientific meetings averaged: Members, 18; visitors, 1.25. During the year the committee has lost the services of the following: Dr. Nelson Hardy and Dr. Stewart, who have moved out of the Division; Dr. Yeld and Dr. Jessop, who retired owing to ill health; and Dr. Humphreys resigned in April. In addition three meetings of the local profession have been held under the auspices of the Division on the following matters: (1) The Hampstead Hospital question; (2) the formation of a public medical service for Hampstead; (3) the fees proposed to be paid to public vaccinators by the guardians of the poor of Hampstead. With regard to the first, the report of the council, Metropolitan Counties Branch, just issued, shows the present position. The establishment of a public medical service for Hampstead is being forwarded by a committee of the local profession in conjunction with the Hampstead Council of Social Welfare, representatives of the friendly societies, and other interested bodies, and it is hoped that a scheme for its inauguration will shortly be submitted to the profession. The third meeting of the local profession was called to protest against the low fees offered by the guardians for public vaccination, fees which are the lowest permitted by the Local Government Board, and also considerably lower than the fees paid by the majority of boards of guardians in the metropolitan area. The meeting appointed a deputation to wait on the guardians and lay their views on the matter before that body, and the deputation has been successful in persuading the guardians to reconsider the question. Meanwhile a warning notice has been inserted in the BRITISH MEDICAL JOURNAL, and a copy of the resolutions of the meeting has been sent to every member of the local profession. The average attendance at these meetings was: Members, 16; non-members, 3.3; total, 19.3. The annual dinner took place on November 17th, 1908, at the Great Central Hotel. It was well attended and was made the occasion to present Dr. Yeld with an address and a testimonial in recognition of his valuable services to the Division for nearly five years. His subsequent resignation in March in consequence of ill health has deprived the Division of a most valuable and efficient officer. The nucleus of a reference library of medical works has been gradually collected at the central library for the use of the Division and of the medical profession of the neighbourhood. The Borough Council, in addition to housing the library, have allowed the use of the library lecture room for Divisional meetings. In April of this year the Division numbered 198 members; since this date one member, Dr. Hall, of Neville Court, has been lost by death. There are, however, three applications for membership before the Branch Council, which should bring our numbers up to 200. Meanwhile the Branch Council have raised the number required for a third elected representative to the Branch Council from 200 to 250. There are some 250 medical men within the area of the Division who have not yet joined the Association, and it is hoped that the very important work now being carried on by the Association will attract many new members.

Election of Officers.—The following were elected as officers and members of the committee for the year 1909-10: *Chairman*, Mr. H. W. Armit; *Vice-Chairman*, Dr. Ford Anderson; *Representatives to the Branch Council*,

Dr. C. James and Miss Dobbie, M.D.; *Honorary Secretaries and Treasurers*, Dr. Parsons and Mr. C. W. Cunningham; *Elected Members of Committee* (11), Drs. Oppenheimer, Macevoy, Pidcock, Claude Taylor, A. Oakley, P. Evans, A. R. Roche, Ware, Scrase, Cowell, C. MacFadden. The Representative to the Representative Meeting, Mr. H. W. Armit, was elected at the Divisional meeting on March 23rd.

Vote of Thanks to Retiring Chairman.—A cordial vote of thanks to Dr. Oppenheimer for his services as chairman during the past year was unanimously carried.

Instructions to Representative at Annual Representative Meeting.—Further instruction to the Representative on details of the agenda of the Annual Representative Meeting, deferred from the meeting of June 4th, were agreed to.

Proposed Alteration of By-laws.—Dr. OPPENHEIMER moved that the by-laws be amended by the insertion of the following:

That nominations for officers of the Division and for members of the Committee shall be in writing, and be in the hands of the secretaries not later than twenty-one days before the date of the annual meeting, except in the case of nominations by the committee.

This was carried *nemine contradicente*.

STRATFORD DIVISION.

The annual general meeting of this Division was held on Thursday, June 24th; Dr. GROGONO presiding, in the absence of the Chairman of the Division.

Confirmation of Minutes.—The minutes of the previous meeting were read and confirmed.

School Care Committees.—The Division proceeded to elect members willing to act on the various local school care committees, Dr. Cursham Corner, Dr. Challans, and Dr. Collins being elected.

Medical Inspection of School Children.—Thereafter the recommendations upon which the Divisions are asked to instruct their Representatives on medical inspection of school children and treatment of those found defective were considered, and after discussion it was decided that the Representative be accorded a free hand to act according to his discretion in the matter.

Election of Officers.—The office-bearers for the ensuing year were then elected as follows: *Chairman*, A. J. Couzens, F.R.C.S.; *Vice-Chairman*, J. Biernacki, M.D.; *Representative in Representative Meetings of Association*, Percy Rose; *Representative on Council of Branch*, C. Spurrell, F.R.C.S.; *Executive Committee*, Drs. H. S. Beadles, G. Black, F. H. Dayus, E. G. Frederick, W. A. Grogono, E. Hay, C. J. Stocker, W. C. Taylor; *Secretary and Treasurer*, P. J. S. Nicoll, M.D.; *Assistant Secretary*, G. A. Troup, M.D.

WALTHAMSTOW DIVISION.

The annual meeting of the Division was held at Livingstone College, Leyton, at 4 p.m. on Thursday, June 24th, by the kind invitation of Dr. C. F. Harford. Eighteen members and visitors were present. Dr. HICKMAN presided.

Confirmation of Minutes.—The minutes of the previous meeting were read and confirmed.

Letters from Medical Secretary.—Letters from the Medical Secretary were read, and the Secretary instructed to send a letter to each of the nine medical officers of health residing in the area of the Division, similar to the draft sent by the Medical Secretary.

Annual Report.—The annual report was then presented. It was as follows: The work of the session 1908-9 has been good, but the attendances have decreased. Since the issue of the last report seven meetings have been held—one a special meeting to consider an urgent business matter; of the rest five were purely scientific and one combined both science and business. The average attendance (including visitors) at all meetings has been 9, a decrease of 1.2 on last session's record. At the scientific meetings 10.6, and at the business meetings 6.5, was the average, compared with last session's 11.4 and 7.5 respectively. The annual meeting was held at the Great Eastern Hotel, Liverpool Street, on June 16th, 1908, and was followed by the annual dinner. The following important matters have been considered by the Division, and all but the last,

which is still under consideration, were appropriately dealt with: (1) By-laws of proposed Charter; (2) medical treatment of school children found defective by the medical inspector; (3) the grouping of Divisions in proposed Charter for the purposes of Central Council elections; (4) medical inspection of school children; (5) proposed federation of all the big friendly societies. The Division is much indebted to Drs. R. Hutchison and T. G. Stevens, and Messrs. C. D. Ballance, McAdam Eccles, and A. W. Holthusen (House-Surgeon, Walthamstow Hospital) for the able and interesting papers they kindly read at the scientific meetings. The Division is also indebted to the Walthamstow Hospital and the authorities of Grove Hall, Wanstead, for the use of rooms in which some of the meetings were held.

Financial Statement.

	£	s.	d.
Printing and stationery	4	1	6
Postage	1	13	5½
Hire of rooms... ..	1	0	6
Gratuities	0	8	0
Tea, etc.	1	0	7
Lantern and operator... ..	1	12	1
	9	16	1½

The Executive Committee only had occasion to meet once during the session for the purpose of transacting necessary formal business. Your representative on the Branch Council has been summoned to seven meetings, of which he has attended six. He also served on the Medical Charities Committee. The Secretary attended four of the Branch Council meetings. Your Representative at Representative Meetings attended the Representative Meeting at Sheffield. The two notices of motion sent up from this Division for the consideration of the Representative Meeting were discussed, but met with defeat. A monthly report of the current work of the Association will in future be in the hands of your Secretary in the early part of each month, and will be read at the next available meeting of the Division or open for inspection at any time to members. The Executive Committee deeply deplore the meagre attendance at the meetings. They appeal to all members to try and induce non-members to join the Association, and beg of them to try and attend at least the meetings held in their district during the coming session.—H. V. HICKMAN (Chairman), A. POTTINGER ELDERED (Hon. Sec.). The reception of the report was proposed by Dr. SHADWELL and seconded by Dr. A. BERRILL, and carried *nemine contradicente*. The adoption of the report was then proposed by Dr. SHADWELL and seconded by Dr. C. J. HORNER, and carried unanimously.

Election of Officers.—The election of officers for the coming session was next proceeded with. The following were nominated: *Chairman*, Dr. C. F. HARFORD; *Vice-Chairman*, Dr. Robert Jones; *Representative on Branch Council*, Dr. C. H. Wise; *Representative at Representative Meetings*, Dr. St. C. B. Shadwell; *Executive Committee*, Drs. Horner, Hickman, Dykes, Warner, and Macgregor; *Honorary Secretary and Treasurer*, Dr. A. P. Eldred. It was proposed by Dr. NOBLE and seconded by Dr. PRICE that the names of the gentlemen nominated should be submitted to the meeting *en bloc*. This was unanimously agreed to. The names were then put to the meeting and all declared duly elected.

Installation of New Chairman.—The consideration of the programme for the next session was deputed to the Chairman and Honorary Secretary. At this point Dr. HICKMAN left the chair, and the newly elected Chairman, Dr. C. F. HARFORD, took his place.

Vote of Thanks to Retiring Chairman and Honorary Secretary.—Dr. WARNER proposed a vote of thanks to the retiring Chairman, and coupled the name of the Honorary Secretary with it. Dr. BERRILL seconded, and it was accorded with acclamation. Dr. HICKMAN and the HONORARY SECRETARY thanked the members for their vote, and the meeting terminated.

President's Address.—An address of great ability, entitled "How to Increase the Membership and Improve the Utility of the Walthamstow Division of the British Medical Association from the Local Practitioner's Point of View," was then delivered by Dr. C. F. HARFORD, Chairman for the new session. He said:

I desire to thank you most heartily for the honour you have done me in electing me as Chairman of this important Division of the British Medical Association. Living as we do under the shadow of the great metropolis, it is difficult for us to realize the vast size of the area from which our membership is drawn; but when we remember that Leyton and Walthamstow were reckoned, from the point of view of population, in the census of 1901 as the thirty-fourth and thirty-eighth of the great towns of England and Wales, it will be seen that these two great districts are each of them more populous than most of the large towns in the provinces, and, with the rapid increase in the population which has taken place since 1901, it is probable that both districts would now occupy a higher place in the list.

Nor is this all. Our Division, though bearing the name "Walthamstow," comprises the districts so far afield as Ongar, Epping, and Chingford, and embraces all the nearer districts, so that our Division corresponds to a small county rather than a single town, with a considerably larger population than the smaller counties of England.

This being the case, we may well ask what is the position of the members of the medical profession who minister to the needs of this vast population, and we are bound to confess that the influence of the profession as a whole in this area is not what it ought to be. The British Medical Association is the only body which seeks to unite the practitioners of the area in question in any organized manner, and not quite half the medical practitioners in that area belong to the Association, and only a very small number of the members take any practical part in the meetings or business of our Division.

I venture to think, therefore, that it is time that we took this matter seriously to heart, and endeavoured to find the cause of our weakness and the remedy which might be applied. It is with this in view that I have ventured to introduce the subject which is before us this afternoon—namely, "How to increase the membership and improve the utility of the Walthamstow Division of the British Medical Association from the local practitioner's point of view."

I am aware that my qualifications for dealing with this subject are very small, seeing that much of my professional work lies outside the Division, and such work as is done in this college relates more to conditions of tropical climates than the district which lies at our doors. None the less, I am deeply desirous to serve the district in which I dwell, and I earnestly invite you to consider with me how we may uphold the dignity, interests, and influence of the medical profession in this part of South-West Essex. I fear that the same reason which has obscured the importance of such great districts as Leyton and Walthamstow has also to some extent affected the members of our profession. With Harley Street and Cavendish Square almost at our doors, it is little wonder that we should sometimes fail to realize the responsibility of our position, and that though near to the metropolis the interests of our neighbourhood are not in any way identical with those of the great city beyond the Lea. We are bound, if we do our duty, to look after the interests of the population amongst whom our lot is cast. We shall be wise if we look after our interests as professional men, for otherwise who can be expected to care for them? and in order to do this we must be united, and we must each do our part. We live in a day of combination for the common good, and though I do not suggest that we should adopt the somewhat sordid policy of the trade unions, yet common sense tells us that we must be united if we are to achieve any great influence or any marked success. Individuals may, as they have done in the past, do much for their respective districts, and I am sure that the various centres of South-West Essex owe much to the medical practitioners of enterprise and public spirit who have interested themselves in the welfare of the community, but if we were able to act as a body our influence would be almost irresistible.

For what purpose, then, does the British Medical Association exist, and in what way may it be of benefit to medical practitioners of our Division, and how may we combine to make it a success? This is the problem which we now have to face.

1. I consider that the first object of the Association is a

scientific one. We are all of us, I am sure, conscious—and may I not say painfully conscious?—of the widening gap which separates us from our student days, and the opportunities which we then had of studying the various branches of medicine and surgery under the most favourable conditions—opportunities which, perhaps, we did not value so fully as we should have done at the time, opportunities which are now gone for ever. We are all conscious of the rapid strides which are being made in every department of medical science, and we realize that our patients expect us to treat them according to the latest methods, and in every respect to keep abreast with the times. How can we do this?

(a) Medical literature must clearly be our chief aid, and very prominent amongst modern medical literature comes the *BRITISH MEDICAL JOURNAL*, and if it were for this purpose alone that we joined the Association the *JOURNAL* is well worth sixpence a week, which is all that our subscription involves.

(b) But mere reading is tedious work, and we need the contact with our brethren in the profession to stimulate our faculties and to enable us to maintain and develop our professional efficiency. We live in an age of specialism, and it is impossible for any man to be a specialist in all branches of medical and surgical science. It is therefore of the greatest possible value to us to hear papers from recognized authorities in different subjects, as was the case last year in this Division, and to be able to discuss these papers. But it is also most helpful to discuss with our brother practitioners some of the cases which arise in our own practice. Who can tell that we may not be able ourselves to make some valuable contribution to medical science, and in any case we may, by the experience which we gain day by day, learn valuable lessons which we may pass on to others, and we may be able to gain from others their experience on kindred subjects which may be helpful to ourselves. In particular, much may be gained by the consideration of cases brought forward for discussion, and if only all will co-operate the scientific interests of our Division will be materially advanced.

2. But besides the scientific questions which may interest us, there are a number of problems which concern the public welfare and which may in many ways affect our professional interests, and which it might be desirable for us to discuss as members of the medical profession.

(a) The question of hospitals is one with which we may well concern ourselves. With London so near there may not be the same need for the maintenance of large hospitals in the suburban districts, but at the same time, with the large poor population which are to be met with in Leyton and Walthamstow, there must be increasing need for hospital accommodation in our district.

(b) Questions of public health are also of vital importance to us, and the report of the medical officer of health for Leyton, which has recently been issued, seems in many ways a satisfactory one. At the same time there are questions even in that report which call for our consideration, and I am sure that Dr. Taylor, who has written to express his sympathy with the objects of our meeting, and medical officers of health in other districts will welcome the support of the British Medical Association in the carrying out of needed reforms.

(c) The administration of the Poor Law also involves many questions of a medical character, particularly in view of possible changes, and upon these it is desirable that we should keep a watchful eye.

(d) Educational questions. The medical inspection of school children and other questions relating to the health of children demand the careful attention of members of the profession.

All of these points may be considered as they affect our own district, but these same questions are being considered by the British Medical Association as a body, and we ought as a Division to have the opportunity of expressing our opinion upon any of the questions which are being debated by the general body of the Association. I am inclined to think that perhaps rather too much time has been taken up at our public meetings in considering questions of this kind which perhaps do not interest all, but I think it would be well for a subcommittee in our Division to be charged with the consideration of these questions, bringing forward any points of importance for the general

consideration of members, and we owe much to our representatives who have for years past voiced the feelings of our Division in the larger meetings of the Association.

3. Ethical questions. Cases of difficulty are bound to arise at times, owing to misunderstandings between professional brethren, and the British Medical Association has done valuable work in the past in dealing with ethical questions, and it may do so in the future.

4. Medical protection. The work of medical protection has been well done in the past by various organizations, and it is a question how far this can be done by the British Medical Association, and in the future it is probable that some attention may be given to this important matter.

In this brief summary which I have endeavoured to give of the scope of the work of the British Medical Association and the advantages which may accrue to local practitioners from joining heartily in the work of our Division, one is bound to confess that there are certain difficulties in the way of success, and yet I feel sure that these are not insurmountable, and I propose to make some suggestions as to the way in which they may be removed.

The great distances which many of our members have to travel undoubtedly make it difficult for some to attend any combined meetings. It is clear that combined meetings must be held at some centre, and probably Leyton and Walthamstow are the parts most accessible to the majority of members. At the same time, it is worthy of consideration whether it may not be possible to hold less formal meetings in small groups in the different Divisions which might help to increase the common sympathy between members of our profession which may give opportunities for scientific discussion and clinical demonstrations.

When, however, we come to the question of local problems, it is clear that these need to be dealt with in different ways. Poor Law questions might well be considered by the whole Division, but questions which simply affect urban councils of the districts, as Leyton and Walthamstow, should, I think, be considered primarily by practitioners living in those districts; and I think that it would be most desirable in any part where there is a large enough number of members of the Association that there should be a local subcommittee, with power to call together the members of the district for the consideration of purely local questions, it being understood that no action could be taken in the name of the Division without reference to the entire Division.

These matters of detail, however, could easily be arranged, and I submit them for your consideration.

Medical men sometimes ask, "What has the British Medical Association done for me?" but there is another question which I think we may fairly ask, and that is, "What have I done for the British Medical Association?" I speak as one who has done very little for the Association in the past, but I am most anxious, specially during my year of office, to help forward our Division in every way in my power, and particularly to see a large accession of members from Leyton. I think that it is hardly sufficiently recognized that the British Medical Association is an organization which is under the control of its members, and each one of us, therefore, has the opportunity of affecting the counsels of the Association at large. I trust that we in this Division may do our part, and that we may not only derive benefit, but that we may be able to make some valuable contribution to this great medical association.

At the end of the address discussion and suggestions were invited. The following gentlemen took part in the discussion: Drs. PRICE, SHADWELL, MACGREGOR, WARNER, HICKMAN, BERRILL, NOBLE, and ELDRED.

Tea.—The members and visitors then adjourned to tea kindly supplied by Dr. Harford, who entertained them in a sumptuous manner.

Exhibits.—At the conclusion of the tea many articles of interest, chief amongst which was Dr. Livingstone's medicine chest and microscopical specimens of the blood parasites of tropical countries, were shown, and with these ended a most instructive and enjoyable meeting.

A BUSINESS meeting of this Division was held at the Walthamstow Hospital on Tuesday, May 18th, at 4 p.m. Five members were present. Dr. HICKMAN presided.

Confirmation of Minutes.—The minutes of the previous meeting were read and confirmed.

Letters.—Letters from the Medical Secretary and City Division were read and the Secretary instructed to reply.

Annual Representative Meeting.—It was proposed, seconded, and unanimously resolved, that the Representative at Representative Meetings should exercise his own discretion in voting on all matters brought up at the Representative Meeting.

Whole-time Medical Officers of Health.—The next business was the consideration of the Public Health Committee's report upon the desirability of whole-time appointments for medical officers of health. The Secretary was instructed to forward to the Medical Secretary the following unanimous resolution:

The general principle of whole-time appointments is unanimously supported by this Division, but we are of opinion that under existing circumstances such appointments, in the very sparsely populated rural districts, are impossible for economical as well as other reasons.

The meeting then ended.

WESTMINSTER DIVISION.

THE annual meeting of the Division was held on Thursday, June 3rd, at the Criterion Restaurant, Dr. WILLIAM EWART presiding. Twenty-three members and guests dined together, and six members arrived at a later hour.

Confirmation of Minutes.—The minutes of the previous meeting were duly accepted and signed.

Medical Secretary's Report.—The Medical Secretary's report was read.

Appointment of Scrutineer.—Dr. Milligan was selected to act as scrutineer at the forthcoming election of the officers of the Branch and of representatives on the Central Council.

Unqualified Practice.—The communication from the Medico-Political Committee concerning "unqualified practice" was referred to the Executive Committee.

Election of Officers.—The following gentlemen nominated by the Executive Committee were elected to the undermentioned offices: *President*, Dr. Dauber; *Vice-President*, Dr. F. J. Allan; *Honorary Secretary and Treasurer*, Mr. Howell Evans; *Assistant Honorary Secretary*, Dr. Milligan; *Representative in Representative Meetings*, Dr. Haslip; *Representatives on Branch Council*, Drs. Archer, Finucane, Allan, Howell Evans, and Hilliard; *Executive Committee*, Drs. Allan, Archer, Cantley, Cope, Dauber, Durham, Evans, Ewart, Finucane, Haslip, Hilliard, Milligan, Inglis Parsons, Roche, Sibley, and Spencer.

Treasurer's Report.—The Honorary Treasurer's report was received.

Paper.—Sir LAUDER BRUNTON read a paper on blood pressure in man, which will be published in an early issue of the JOURNAL.

Vote of Thanks.—A hearty vote of thanks was accorded to Sir Lauder Brunton and those gentlemen who entered into the discussion.

The Midwives Act.—The following paper on the Midwives Act was read by Dr. M. I. FINUCANE at a previous meeting. He said:

The position of the subject of the Midwives Act of 1902 on our agenda paper to-day will enable me only to briefly touch upon some of its provisions and defects.

In considering the Midwives Act of 1902 and the present Departmental Committee's inquiry into the working of it, it is important in basing our criticisms on the Act and this inquiry not to overlook, first of all, any benefits it may have conferred on the public and the profession.

Personally I am prepared to accept the overwhelming evidence given by inquiries previous to the Act, which showed the necessity for it, and our common knowledge and experience as doctors as corroborating the report of the Select Committee, which spoke "of the serious and unnecessary loss of life and health and permanent injury to both mother and child in the treatment of childbirth by the untrained and unregulated midwifery practice of women." The public utility and demand—and, I would add, still growing demand—for this class of medical service from women midwives to women, especially amongst the poor, is undoubted and incontrovertible; and if you have added to this public safety, insured as it is by the Legislature in this Act, and administered by the

Central Midwives Board in the spirit of the Act, as it appears to me they are endeavouring to do by their regulations, as regards the training, examination, registration, and local control of midwives, then subject to legislative provision for improvement and regulation such as I shall indicate in the following remarks, and which the working of the Act has shown is required, there should remain no reasonable ground of complaint either to the public or to the medical profession.

I am not one of those who see in this Act a further encroachment on the domain of the general practitioner, or, as a recent letter in the BRITISH MEDICAL JOURNAL asserts, and which it is only fair to quote as putting this view of it before you, if only to elicit discussion, when the writer says: "Is it not patent to anybody who has eyes to see that the whole end and aim of the powers that be is to get all the practice out of the hands of private practitioners, and substitute a public service of inferior midwives, etc?"

1. The Act has been a failure in so far as it has not kept up the supply of midwives required—which was predicted—and to the cost of their training, and, I would also add, as to their efficient training.

2. The Act has also been a failure in so far as it has not dealt with the fundamental requirements of medical help to midwives in midwifery emergencies by a proper provision for payment of such services.

3. The Act has been a failure in so far as the delegation of powers under the Act is allowed by county councils to subordinate local authorities, who in their turn can delegate to others, by which the difficulty, practically amounting to impossibility, exists of the Central Midwives Board being able to collect the contributions of the local supervising authorities as provided by Section 5 of the Act.

The terms of reference to the present Departmental Committee sitting to inquire into the working of the Midwives Act being somewhat limited, I must shortly summarize under headings the points that occur to me as relevant to that reference in this Division.

First, as to supply. In a return furnished by the Medical Officer of Health of Westminster it would appear there are only six registered qualified midwives at present in practice in the city; there are others, of course, on the register who are not in practice. Section 10 of the Act requires every woman to notify in writing her intention to practise to the local supervising authority.

From my observation I believe there are many more midwives in practice than the above numbers indicate, and this must presuppose ignorance on the part of the midwife of the necessity for notification, or not very efficient supervision by the local supervising authority, in justice to whom it must be said that it is no part of their business to see that these are on the roll of local midwives, though there is a penalty attached to the non-notification by the practising midwife, and the prosecution of such an offence may be carried out by the local supervising authority.

The scarcity of supply also, in my opinion, up to now has been largely due to the want of co-operation by the Local Government Board and Central Midwives Board, by which two great bodies, dealing with similar services, have kept one another at arm's length; for whereas before the Act there was a steady and constant supply of women who had completed their general training as nurses in our Poor Law institutions, afterwards taking their midwifery training in the excellent and up-to-date lying-in wards of the Poor Law union—I speak especially of the metropolis and St. George's, Hanover Square, Union—now, owing to certain requirements of the Central Midwives Board, such as over 100 cases a year being required and the resident appointment of the medical officer being a necessity, that Board has refused recognition of the Poor Law unions as training schools. Further, in our union here, the guardians, though urged by the medical officer to apply for recognition by the Central Midwives Board, have refused to do so, and thus this excellent means of turning out annually numbers of women with certificates of general training as nurses and midwives has been lost. It is satisfactory to note that by the circular of the Local Government Board there is a marked disposition of that body to come more into line with the requirements of the Act.

The cost of training is at present, in the absence of the training in Poor Law institutions, too high for the class of women adopting this as a calling with the intention of future practice; from inquiries I have made the least cost to women would be about £50. All this extra cost would be avoided by the more general utilization of Poor Law lying-in wards as training centres.

As to efficiency. It is obvious that institutional training in the lying-in wards in addition to the general training as a nurse will turn out more capable women than a three months' training in a district under a local practising midwife.

The payment of professional services where doctors are called in by the practising midwife is at present in a state of chaos, and will have to be altered; and I think we should insist that the payment of medical practitioners called in to assist midwives attending abnormal labour among the poor should be definitely provided by one public authority. At present in this union of your Division the County Council have delegated to the guardians this function, and the guardians have only agreed to pay 10s. 6d. per case, and that only if the case is handed over to one of their district medical officers, under the provisions of Articles 182 and 183 of the General Consolidated Order and to Section 2 of the Poor Law Amendment Act, 1848, and which really only applies to paupers. No public announcement of this has been made for the information of general practitioners, but a notice has been sent to a few of the practising midwives. One case that I know of was attended by a doctor in such an emergency, and I believe his ordinary fee was subsequently paid; but there ought to be some definite understanding providing for this by law.

It would have been easy to elaborate in detail numerous interesting points to the profession on this Act as one observes it in a district, but time prevents, and the scope of the Departmental Committee's present inquiry does not touch these points.

As members of the profession and this Division we have been too slack in the past to safeguard all the interests involved in this legislation, and it is now too late to turn back. We must accept the Act and work it to the best advantage of all concerned.

I think the constitution of the personnel of the Central Midwives Board has not sufficiently recognized the important interests of the great mass of medical men practising midwifery—namely, the general practitioner—and that personnel fails to include sufficient representatives of his class on the membership of the Central Midwives Board. Where the work of that Board is increasing there is every reason to think its present numbers are too small, and I venture to express the hope that if the number of representatives are increased this Association and Division will see to it that the mass of the profession are more adequately represented.

NORTH OF ENGLAND BRANCH.

The following is the result of the recent election of representatives on the Central Council of the Association:

	Farquharson.	MacDonald.	Todd.
Plumpers	6	1	58
<i>Splits.</i>			
Farquharson and MacDonald...	3	3	0
Farquharson and Todd ...	173	0	173
MacDonald and Todd ...	—	27	27
	182	31	258
<i>Elected.</i>			<i>Votes.</i>
D. F. Todd ... ..	...	...	258
A. C. Farquharson ... ..	...	...	182
<i>Not Elected.</i>			
J. MacDonald ... ..	...	...	31
ALBERT E. MORRISON, <i>President.</i>			
J. G. MODLIN } <i>Scrutineers.</i>			
R. S. HURBERSTY }			

June 24th.

NORTH NORTHUMBERLAND DIVISION.

The annual meeting was held in the Plough Hotel, Alnwick, on Thursday, June 24th. There were present: Drs. Main, Robson, Purves, Moyes, and Bowman. Dr. MAIN was voted to the chair.

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Apologies for Non-attendance.—Apologies for absence were received from Drs. Dey, Badcock, and Forrest.

Installation of New Chairman.—Dr. Robson proposed, and Dr. WELSH seconded, the nomination of Dr. Scott Purves as chairman, and he was elected.

Election of Officers.—Dr. Main having resigned the chair to the new chairman, the following officers were elected: *Vice-Chairman*, Dr. Dey; *Secretary*, Dr. Burman; *Representatives on Branch Council*, Drs. MacLagan and Robson; *Executive Committee*, Drs. Paxton, Macaskie, and Moyes.

Nomination of Representative at Annual Representative Meeting.—The Secretary was instructed to write to the Secretary of the Morpeth Division asking him to call a meeting of the combined Divisions to nominate a Representative for Representative Meeting.

County Nursing Association.—The SECRETARY read correspondence with the County Nursing Association regarding the alteration in the rules for maternity nurses at Alnwick, and he was instructed (1) to call attention to the fact that no answer had been given to the request to withdraw the rule; (2) to ask the local secretary to call a meeting of the local committee and the local medical men to consider the alteration of the rule, in accordance with the letter of the President of the Association in a letter dated December 22nd, 1908.

Place of Meeting.—It was decided to ask permission to hold subsequent meetings at Alnwick in the committee room of the infirmary.

Communication as to Collection of Debts.—A communication from a member referring to the collection of debts was considered, and the Secretary was requested to invite the member to bring forward some definite scheme, on the lines suggested in his letter, at the next meeting.

Annual Social Meeting.—It was decided to hold the annual social meeting at Chillingham Castle in the first week of August, and the Secretary was instructed to make the necessary arrangements for the meeting.

Communications.—Various communications from the Medical Secretary were discussed.

Tea.—The members were entertained to tea by the Chairman.

NORTHERN COUNTIES OF SCOTLAND BRANCH.

The annual meeting of the Branch was held at Lossiemouth on Saturday, June 5th. Twenty-five members were present.

Apologies for Non-attendance.—Apologies were intimated from Drs. Kaye, Bruce, Murdo Mackenzie, J. A. Cameron, Simpson, and others.

Confirmation of Minutes.—The minutes of the previous meeting were read and approved.

Autumn Meeting.—It was decided to hold the autumn meeting at Elgin and the next annual meeting at Nairn.

Election of Office-bearers.—The following members were elected officers for the ensuing year: *President*, Dr. Pender Smith (Dingwall); *President-elect*, Dr. Brodie Cruickshank (Nairn); *Vice-Presidents*, Dr. Miller (Fort William), and Dr. de Watterville (Kingussie); *Members of Council*, Dr. John Mackenzie (Inverness), Dr. Campbell (Elgin), Dr. Kaye (Strathpeffer), Dr. John MacDonald (Inverness), Dr. Sutter (Nairn), Dr. Mackie (Elgin); *Representative at Representative Meetings*, Dr. Jas. Murray (Inverness); *Representative on Central Council*, Dr. J. Munro Moir (Inverness); *Honorary Secretary and Treasurer*, Dr. John Munro Moir (Inverness).

Earlier Appointment of Representative.—It was unanimously resolved to alter the Branch rule so as to provide for the election of the Representative to the Annual Representative Meeting being made as early as possible after January 1st in each year.

Whole-time Medical Officers of Health.—It was unanimously agreed:

That this Branch considers that, as far as possible, appointments as medical officers of health should be whole-time appointments; that in exceptional circumstances, as in small districts, they must of necessity be part-time appointments.

Medical Certification of Suitability for Hospital Treatment.—It was unanimously resolved to approve of the recommendation that medical certificates of suitability for hospital treatment should be required as a condition of

hospital treatment, except in cases of accident or sudden illness.

Representation of Local Medical Profession on Hospital Boards.—The principle of representation of local medical men on hospital boards was approved of.

Business Management of the Association.—Dr. J. MUNRO MOIR proposed, and Dr. DE WATTEVILLE seconded, the following resolution, which was unanimously approved:

That, in view of the practical experience of the last thirty-seven years, during which period the Association has enjoyed great financial prosperity, it has been proved that, in the best interests of the British Medical Association, it is essential to have an official with the rank and status of "General Secretary and Manager"; and that such official should possess special business training. Further, that having regard to the highly satisfactory manner in which Mr. Guy Elliston has discharged the duties since his appointment in 1902, it is in the interests of the Association that his services should be retained as "General Secretary and Manager"; and that the Representative of the Northern Counties Branch to the Representative Meeting at Belfast be instructed accordingly.

After luncheon at the Stotfield Hotel, golfing members, through the courtesy of the Moray Golf Club, enjoyed a pleasant game over the Lossiemouth course.

NORTH WALES BRANCH:

NORTH CARNARVON AND ANGLESEY DIVISION.

A MEETING of this Division was held at the British Hotel, Bangor, on June 23rd, Dr. R. A. PRICHARD, J.P. (Conway), in the chair.

Election of Officers.—The following officers were elected for the ensuing year: *Chairman*, H. Jones Roberts, M.D., J.P. (Penygroes); *Vice-Chairman*, E. Parry Edwards, J.P. (Mynyddygof); *Secretary*, John Evans, M.D. (Carnarvon); *Representative to Annual Representative Meeting*, Emyr O. Price, M.D. (Bangor); *Representatives on Branch Council*, John Evans, M.D. (Carnarvon), R. A. Prichard, J.P. (Conway), J. R. Prytherch, M.B. (Llangefni), J. Lloyd Roberts, M.B., J.P. (Colwyn Bay); *Executive Committee*, G. Llewelyn Jones (Llangefni), R. H. Mills Roberts, C.M.G., F.R.C.S.E., J.P. (Llanberis), Corbet W. Owen, M.B. (Bangor), R. Lumley Roberts (Bethesda).

Matters Referred to Divisions.—The various matters referred by the Central Council to Divisions were discussed and, in general, approved of.

Unqualified Practice.—A letter was read from the Medical Secretary with reference to the inquiry being made by medical officers of health into unqualified practice. In view of its prevalence in the area of the Division, it was decided to make an exhaustive investigation and to collect evidence. For this purpose a subcommittee, consisting of the Chairman-elect, Vice-Chairman-elect, Honorary Secretary, with Drs. Prichard (Conway), Prytherch (Llangefni), and Price (Bangor), was appointed.

Cases.—Two interesting cases of colostomy were then described by Dr. J. R. Prytherch, of Llangefni.

SOUTH-EASTERN BRANCH:

BROMLEY DIVISION.

THE annual general meeting of this Division was held at the Bell Hotel, Bromley, on Wednesday, June 9th.

Amendments and Additions to Rules.—Several amendments and additions to the existing rules of the Division were made, and the Honorary Secretary was instructed to forward a copy of the new rules to the Secretary of the Branch.

Date of Election of Representative at Representative Meetings.—It was decided that the following amendment to Article XXVII be brought before the notice of the Council of the Association:

In the case of a constituency formed within the United Kingdom the Representative shall be elected by a general meeting of members of the constituency held not more than nine months nor less than three weeks, etc.

Election of Office-bearers.—The following members were appointed officers for the ensuing year: *Chairman*, J. Scott, M.D.; *Vice-Chairman*, C. E. M. Lewis, M.D.; *Honorary Secretary and Treasurer*, A. Tennyson Smith, M.D.; *Representatives on Branch Council*, J. Scott, M.D., and A. Tennyson Smith, M.D.; *Representative at Representative Meeting*, elected by the Sevenoaks Division; *Executive Committee*, J. Iloft, M.D., E. A. Seal, M.D., G. R. Stillwell, M.B., and H. J. Wolseley, M.B.

Royal Commission on Unqualified Practice.—The letter sent by the Medical Secretary was discussed, and the Honorary Secretary was instructed to write to the different medical officers of health in Kent regarding co-operation. The following resolution was passed:

The Bromley Division would urge upon the Council the necessity of including the traffic of quack medicines and apparatus within the scope of the Royal Commission.

Ophthalmia Neonatorum Report.—The Ophthalmia Neonatorum Report, forwarded by the Medical Secretary, was read and discussed.

CANTERBURY AND FAVERSHAM DIVISION.

A MEETING of this Division was held on June 17th at the Cottage Hospital, Faversham, Dr. C. DUDLEY GARRETT presiding. There were present: Drs. Alexander, Bowes, Evers, Garrett, Gosse, Heggs, Hinchley, and Reid.

Next Meeting.—The annual meeting was fixed for Thursday, July 8th, at the County Hotel, Canterbury, when Dr. Eyre, of Guy's Hospital, will give a lantern demonstration upon vaccines and vaccine therapy.

Proposed Division of the South-Eastern Branch.—The meeting unanimously supported the proposal of the Brighton Division. The October meeting, 1908, also unanimously supported the proposal (sixteen members present).

Medical Inspection and Treatment of School Children.—Subject to paragraph 31, the meeting approved all the recommendations contained in the report of the Medico-Political Committee. Under Recommendation B, however, for part-time officers, the meeting was in favour of payment per head and not by time devoted.

Ophthalmia Neonatorum Committee Report.—All the recommendations were approved.

Medical Certification of Suitability of Patients for Hospital Treatment.—The recommendation contained in the report of the Medico-Political Committee was approved.

Contributions to Hospitals by Employers and Employees.—Both the motions were disapproved.

Fresh Public Medical Institutions.—In regard to this matter the motion was approved.

Sanatoriums for Tuberculous Workers.—The resolution of the Representative Meeting was approved.

Representation of Local Medical Profession on Hospital Boards.—The meeting unanimously approved the motions of the Wandsworth Division.

Unqualified Practice.—Correspondence concerning "unqualified practice" and medical law reform was read.

Luncheon.—The Chairman (Dr. Garrett) kindly entertained members at luncheon prior to the meeting.

Votes of Thanks.—Hearty votes of thanks were accorded the Chairman for presiding and for his hospitality, and also the Faversham Cottage Hospital authorities for their hospitality.

EASTBOURNE DIVISION.

THE seventh annual general meeting was held at the Grand Hotel, Eastbourne, on Friday, June 18th, at 7 p.m., Dr. W. J. C. MERRY in the chair. There were present: Drs. Elvy, J. H. Ewart, H. D. Farnell, H. S. Gabbett, F. C. Goodwin, C. O'Brien Harding, A. Harper, G. S. Robinson, A. Roberts, H. W. Saunders, A. P. Sherwood, and the Honorary Secretary.

Confirmation of Minutes.—The minutes of the last annual general meeting were read and confirmed.

Apologies for Non-attendance.—Apologies for inability to attend were received from Drs. J. Adams, A. Bowles, L. Cane, W. S. Fincham, H. Habgood, and J. Holman.

Report of Executive Committee.—The annual report of the Executive Committee was unanimously adopted.

Election of Officers.—The following officers, representatives, and members of Executive Committee were unanimously elected to serve for the ensuing year: *Chairman*, H. D. Farnell, F.R.C.S., J.P.; *Vice-Chairman*, Kenneth Frazer, M.D.; *Honorary Secretary and Treasurer*, William Muir Smith, M.B.; *Representative on Branch Council*, W. J. C. Merry, M.D.; *Representative for Representative Meeting*, J. H. Ewart, M.R.C.S.; *Executive Committee*, H. S. Gabbett, M.D., F. C. Goodwin, M.D., C. O'Brien Harding, M.R.C.S., J.P., A. Harper, M.D., A. Roberts, M.R.C.S.

Whole-time Medical Officers of Health.—After considering the report of the Public Health Committee published in the SUPPLEMENT of January 23rd, requesting an expression of opinion by the Division for or against the proposition, "That medical officers of health should be debarred from engaging in private practice," it was duly proposed, seconded, and carried unanimously (twelve members present and voting):

That the proposition be approved, with the addition of "when practicable."

It was unanimously resolved to adjourn the remainder of the agenda till an early meeting.

Dinner.—The members thereafter adjourned to dinner, at which fifteen sat down. After dinner the CHAIRMAN proposed the toast of "The King," to which members loyally responded. Dr. F. MARSDEN proposed the health of the Chairman in reminiscent terms, to which the CHAIRMAN cordially responded. The members then adjourned to the library, where coffee, cigars, and cigarettes were handed round by the bounty of the Chairman, the remainder of the evening being spent in social intercourse.

ISLE OF THANET DIVISION.

The annual general meeting of this Division was held at the Victoria Hotel, Ramsgate, on Friday, June 25th, at 4 p.m., Dr. G. E. HALSTEAD in the chair. There were also present eleven members.

Confirmation of Minutes.—The minutes of the last meeting were read, confirmed, and signed.

Next Meeting.—It was decided to hold the next meeting at Broadstairs about the end of September, and Dr. Brightman was elected Chairman for that meeting; Mr. Hugh M. Raven was re-elected Honorary Secretary and Treasurer and member of the South-Eastern Branch Council; Drs. Nichol, Heaton, Thornton, and Cotton were re-elected members of the Executive Committee.

Earlier Election of Representative at Representative Meetings.—Dr. THORNTON moved that Rule 7 be altered in order that the Representative may be elected, if wished, nine months before the Representative Meeting, notice of this having been given on the agenda; the matter was fully discussed and agreed to unanimously.

Letter from Canterbury and Faversham Division.—A letter was received from the Honorary Secretary of the Canterbury and Faversham Division saying that they hoped to hold their annual meeting and to elect (jointly with Thanet) the Representative early in July, and that Dr. Gosse was willing to act again.

Proposed Division of South-Eastern Branch.—A letter was read from the Honorary Secretary of the South-Eastern Branch asking the opinion of the Division on the proposition of the Brighton Division to divide the Branch into two parts, (1) Kent and (2) Sussex and Surrey. The Division, after a prolonged discussion, came to the conclusion that things had better be left as they were.

Annual Report.

The annual report of the Division, which had been circulated among the members, was presented by the Executive Committee. It was as follows:

The Executive Committee beg to offer their annual report. They regret to report the death of Mr. W. K. Treves, F.R.C.S., one of the earliest members of the Association in this Division, the first chairman of the newly constituted Division, and for many years the Honorary Secretary of the old East Kent district. Mr. Treves always took the keenest interest in the work of the Association in the honour and interests of the profession, and his loss has been greatly felt by all the members. The Division now contains forty-nine members, the same number as last year. As far as can be ascertained there are about twelve medical men in active practice in the Divisional area who are not members of the Association. It is hoped that no opportunity will be lost for inducing them to join the British Medical Association. The Division has met six times, the average attendance being 17.3. The annual dinner was held at Ramsgate in December, at which covers were laid for twenty. The Executive Committee have met five times. The Special Committee dealing with the negotiations with the Fever Hospital has met four times.

The following are the chief matters with which the Division has dealt during the year:

Medico-Political.—1. The agenda of the Annual Representative Meeting, a report of which was kindly given by Dr. Gosse at a meeting in October.

2. Medical inspection of school children. The Division has kept in touch with the various points which are arising in this matter, and the Executive Committee have been given power to co-opt the local medical school inspectors when the subject is under discussion.

3. In considering a report from the Medico-Political Committee of the Association, Dr. Street introduced a discussion on the question of medical examinations for life insurance. In reply to specific questions on fees for examination for insurance, the following resolution was carried unanimously:

That the Division is of opinion that a fee less than one guinea should not be accepted as payment for the usual examination and report on a candidate for the policy of an ordinary life assurance company.

The Honorary Secretary was instructed to forward this resolution as a reply, being the opinion of the Division in the matter, but it was not intended as a direction to members.

4. A proposal for the dividing up of the South-Eastern Branch has been before the Division more than once, and the matter is still under consideration.

5. Negotiations have been taking place during the year between the specially-appointed committee and the board of the Isolation Hospital. At a meeting in March, 1909, Drs. Halstead and Thornton were appointed as delegates to meet a subcommittee of the management, and it is hoped that shortly alterations will be made at the hospital to ensure adequate provision for isolating cases in which there is doubt as to diagnosis and cases of mixed infection.

Many other matters of minor importance have been dealt with by the Executive Committee and reported upon.

Medico-Ethical.—The following resolution was unanimously carried at a meeting in June, 1909:

That this Division is of opinion that medical men should not attend gratuitously the staff of hotels and boarding houses in consideration of their being recommended to visitors needing medical advice, the opinion of the Ethical Committee of the British Medical Association being that such gratuitous attendances violate the spirit of the Prevention of Corruption Act, and is discreditable to the medical profession.

The following resolution, which had been carried unanimously at one and endorsed at another meeting, which was largely attended by members and by several dental surgeons present by invitation, was circulated among all medical men practising in Thanet:

That members of this Division are reminded that it is, in the opinion of the General Medical Council, infamous conduct in a professional respect to administer anaesthetics for or in any way to assist an unregistered dentist.

Clinical.—The following papers have been before the Division during the year:

Mr. Douglas Drew read a paper on some complications of suppurative disease of the middle ear, their diagnosis and treatment. The paper was illustrated by museum specimens, photographs, and diagrams.

Dr. Arthur Latham read a paper on the administration of tuberculin, which was illustrated with diagrams and charts of various cases.

Sir Malcolm A. Morris, F.R.C.S., read a paper on the use of radium in the treatment of diseases of the skin, and gave a demonstration of a method of treatment with specimens.

Mr. Bertram Thornton read a paper on some observations on scarlet fever.

Mr. H. M. Raven read some notes on cases of high tension.

Fourteen cases of clinical interest were brought before the Division and led to interesting discussions.

For the information of those members who have joined the Thanet Division since 1905, attention is drawn to the resolution which was carried by the Division in that year with regard to the signing of school certificates:

That the members of the Isle of Thanet Division be desired to decline to furnish school certificates to the Kent Educational Authorities for a fee less than half a crown.

And also to the following resolution, which was passed in 1906:

That the members of this Division be informed that the Kent County Council will not sanction the coroner paying a fee for a report on a case of uncertifiable death, and they are advised not to give such report.

HUGH M. RAVEN, Honorary Secretary.

Dr. WATTS moved and Dr. TAMPLIN seconded the adoption of the report, both gentlemen remarking on the useful and full year's work which had been carried through, especially on the successful conclusion to the long negotiations with the board of the Isolation Hospital. The adoption was carried unanimously.

Unqualified Practice.—A letter was read from the Medical Secretary on reporting cases of unqualified practice to the medical officer of health. The letter was not discussed.

Current Work of the Association.—A letter was read from the Medical Secretary about the current work of the Association. It was not discussed.

Annual Representative Meeting.—As no member had notified the Honorary Secretary that he wished any point in the agenda of the Annual Representative Meeting to be discussed, the various matters were left to the discretion of the Representative of the Division.

Whole-time Medical Officers of Health.—A discussion took place on the question of the desirability of a medical officer of health giving his whole time to the work. A report on the subject appeared in the BRITISH MEDICAL JOURNAL of January 23rd, 1909. The matter was well discussed. Eventually the following resolution was carried:

That medical officers of health should, as a rule, be debarred from engaging in private practice provided that a sufficient remuneration be forthcoming, which should be at a minimum approximately of £500 a year.

Divisional Area.—The discussion followed mainly on the lines of what was and would be in future the best arrangement for the Divisional area, and it was decided to postpone further discussion to a meeting of the Division, on the agenda of which the matter could be formally placed, when it was hoped there would be a larger attendance.

Ophthalmia Neonatorum Report.—A consideration of the report of the British Medical Association Committee on Ophthalmia Neonatorum led to an interesting discussion, in which many members joined.

Vote of Thanks to Chairman.—A vote of thanks was passed to the Chairman for presiding.

MAIDSTONE DIVISION.

The annual meeting of this Division was held at the Kent County Ophthalmic Hospital, Maidstone, on Thursday, June 24th, at 6 p.m. The Executive Committee met at 5.30. There were present at the meeting: Mr. F. T. TRAVERS, in the chair; Drs. Douglas, Pye Oliver, Mapleton, Hoar, Caesar, Lewis, Falwasser, Parr-Dudley, Mr. Killick, Mr. Hallows, Drs. Baynton Forge, Ryan, Dwyer, Captain Reed, R.A.M.C.; visitors, Dr. Howarth, Captain Parry, R.A.M.C.

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Letter to Head Masters of Schools.—Dr. PARR-DUDLEY moved that the following letter be sent to head masters in Kent:

Sir,—I am instructed by the Maidstone Division of the British Medical Association respectfully to call your attention to the following considerations:

The increase in the number of students this year entering the medical schools is evidence that there is a complete ignorance on the part of the parents of the economic crisis in the profession of medicine.

In general practice, to which nine-tenths of the entrants are destined, the field of work, and therefore the income, has been contracting, and is bound to contract as disease becomes more and more preventable. Moreover, a high percentage of the work of every general practitioner is unremunerative and in the nature of charity.

The BRITISH MEDICAL JOURNAL says: "The average income of the practitioner has been estimated at £200—£250 a year. The chances of being able to save even to the extent of the capital expended in education are in a large proportion of cases slight, while reasonable provision for old age, after family expenses are met, is difficult and too often impossible." This

is after a training lasting seven years and costing £1,000—£1,200 at least, and even this pittance is only gained by working seven days a week and being "on duty" twenty-four hours a day, with the natural result that the death-rate in the medical profession is higher than in any other, the army not excepted.

In France and Germany it has been found needful to issue "letters of warning" to intending students, as the results of practice are equally unsatisfactory there.

We would therefore ask you to urge intending entrants to inquire further before joining so overcrowded a profession."

Dr. HOAR proposed and Mr. HALLOWES seconded that the Representative Meeting be requested to send a letter to the head masters of schools in accordance with the terms of the above letter, based on that already sent to the head masters of schools by the Salford Division of the British Medical Association. This was carried unanimously.

Hearts of Oak Benefit Society.—Dr. PARR-DUDLEY moved:

That whereas the Hearts of Oak Benefit Society has refused to appoint medical officers with the diplomas of "L.F.P.S.G.—L.S.A., and L.M. only," and whereas the Society of Apothecaries have professed themselves unable to deal with the above, this meeting considers it desirable that the BRITISH MEDICAL JOURNAL shall prominently publish these facts.

It was unanimously resolved that the Honorary Secretary write to the Medical Secretary and draw his attention to these facts.

Election of Officers.—The Executive Committee having recommended the following members to be officers for the ensuing year, they were unanimously elected: *Chairman*, Dr. Wolseley Lewis; *Vice-Chairman*, Dr. W. Douglas; *Honorary Secretary and Treasurer*, George Potts; *Representative at Representative Meetings*, Dr. W. Douglas; *Representative on Branch Council*, Dr. A. T. Falwasser; *Executive Committee*, Mr. Killick, Dr. Joyce, Dr. Mapleton, Dr. W. Shaw.

Advertisements in Local Press.—Dr. FALWASSER drew attention to an advertisement of an eczema and skin cure which had been issued in Maidstone. The Secretary was directed to forward the same to the Medical Secretary. Dr. Falwasser showed several advertisements which had appeared in the local press and which were considered indecent. The Secretary was asked to write to the editor of the paper and to draw his attention to the matter, and to suggest that he have them suppressed.

Kent County Council and Midwifery Fees.—Dr. CAESAR drew the attention of the meeting to a notification requesting him to attend to a case of difficult labour, which notification appeared in the name of the Kent County Council. Dr. Caesar desired to know if the Kent County Council was responsible for the fee. Dr. HOWARTH stated that they were not. Dr. FORGE suggested that the Kent County Council should notify this fact on their forms in future.

Representative Meeting.—The following resolution was passed:

That a synopsis of the work done at the Representative meetings be published in the SUPPLEMENT to the JOURNAL soon after the meetings and distributed to the secretaries and Representatives.

Dinner.—After the meeting a dinner was held at the Royal Star Hotel, Maidstone, when twenty-three sat down to it.

TUNBRIDGE WELLS DIVISION.

The annual meeting was held on Wednesday, June 16th, at 5.15 p.m., at the General Hospital, Tunbridge Wells. Dr. ADENEY in the chair. There were also present: Drs. Wilson, P. C. Smith, B. Rix, C. Rix, Guthrie, W. Wallis, Warde, Davies, Riley, Pardington, Dyer, and Starling.

Confirmation of Minutes.—The minutes of the last annual meeting were read, confirmed, and signed.

Election of Officers.—The following members were elected officers for the ensuing year: *Chairman*, Dr. W. Wallis; *Vice-Chairman*, Dr. E. L. Adeney; *Joint Secretaries*, Drs. E. A. Starling and W. B. Warde; *Representative on Branch Council*, Dr. Pardington; *Representative to Representative Meeting*, Dr. Starling; *Executive Committee*, Drs. B. Rix, C. R. Watson, J. B. Footner, C. R. Crawford, C. Rix, Thos. Elliott.

Division of South-Eastern Branch.—The motion:

That this Division do not consent to the division of the Branch, was carried, with one dissentient and one neutral.

Report of Executive Committee.—The annual report of the Executive Committee was unanimously adopted.

Whole-time Medical Officers of Health.—The meeting approved of medical officers of health not engaging in private practice, provided that the areas are so grouped as to provide adequate work and remuneration for the officers.

Unqualified Practice.—A subcommittee was appointed to obtain information and communicate the same to the medical officer of health.

Medical Certification of Suitability of Patients for Hospital Treatment.—It was unanimously decided that the onus of deciding on the financial fitness of the patient for hospital treatment should not be thrown on the medical practitioner.

Contributions to Hospitals by Employers and Employees.—The meeting unanimously disagreed with the resolutions passed at the Sheffield annual meeting.

Fresh Public Medical Institutions.—The meeting agreed with the statement submitted by the Central Council.

Sanatoriums for Workers Suffering from Tuberculosis.—The meeting unanimously agreed with the statement submitted.

Representation of Local Medical Profession on Hospital Boards.—The report on this matter was unanimously adopted.

Other Matters.—The matters of the medical inspection of school children and the report on ophthalmia neonatorum were deferred to a meeting to be held on Wednesday, June 30th.

SOUTH MIDLAND BRANCH.

THE annual meeting of this Branch was held on June 18th, at 2.30 p.m., at the General Hospital, Northampton, under the presidency of Dr. ALFRED LINNELL (Paulerspury). Forty-three members were present.

Luncheon.—Previous to the meeting the President entertained the members present, numbering thirty-eight, to a most excellent luncheon at Franklin's Hotel, Northampton.

President's Address.—The PRESIDENT'S address was in two parts: (1) Valuable suggestions for adding to the numerical strength and the popularity of the Association, deprecating the present-day methods of rushing resolutions through and forcing them upon the members, whether they like it or not; (2) the treatment of diphtheria in villages. He advised immediate injection of serum and the minimum of local treatment.

Surgery of the Tongue.—Mr. JONATHAN HUTCHINSON, Surgeon to the London Hospital, then addressed the meeting on the surgery of the tongue. The paper was a very exhaustive one, dealing with most of the surgical conditions of the tongue, but especially with syphilis and malignant disease, each subject being illustrated by excellent diagrams, which were sent round the room. He strongly recommended surgeons to leave lingual hypochondriacs severely alone, and never to operate upon them in any way. Leucoplakia, which so many regarded as due to syphilis, he considers as due to chronic local irritation either by teeth or tobacco, and only a concomitant of syphilis. With regard to malignant disease, he strongly advised an operation which included the removal of all lymphatic glands in the digastric triangle and along the internal jugular vein. He generally did this first, at the same time tying the lingual arteries, the actual removal of the tongue being then accomplished with little or no haemorrhage.

The Aims of the Association.—Dr. LARKING read a paper on the aims of the Association. He said they were in urgent need of a Charter which, among other things, would exert discipline in the profession. The members who did not attend meetings had no right to direct the management of the Association. The Poor Law Commission Report was not satisfactory, because it suggested an extension of contract practice, and this needed to be curtailed. Dr. Downes's memorandum should be printed in the JOURNAL.

BUCKINGHAMSHIRE DIVISION.

THE annual meeting was held on Tuesday, June 15th, at Aylesbury, at 3.30 p.m. There were nineteen members present: Drs. Baker, Bradbrook, Bradshaw, Buxton, Carruthers, Crawley, Drake, Eagles, Graham, Larking,

Magrath, Macfarland, Morrison, Norman, Perrin, Reynolds, Turner, Wheeler, and Lauriston Shaw.

Election of Officers.—The whole of the officers were re-elected, and Dr. Bradbrook of Fenny Stratford was appointed Representative.

Annual Report.—The annual report was as follows:

The Committee beg to report that the Division now numbers 61 members, and will doubtless be of great service to the medical men in its area, both on account of the opportunity of scientific discussion and social intercourse. The attendance at the two meetings held was excellent, being 40 per cent. of the membership. Rules have been passed and a copy sent to each member. No financial statement can be made this year owing to the recent formation of the Division. The Branch Council defrayed all the preliminary expenses. The thanks of the Division are due to Mr. Andrew Clark, Mr. Smith Whitaker, Mr. James Berry, and Dr. William Hill for their kindness in visiting the Division and giving addresses.

Instructions to Representative at Annual Representative Meeting.—The Representative was instructed *re* Annual Representative Meeting, and the following riders were sent for consideration.

- (a) And would object to the principle by which all children needing medical relief can under Section 12 of the Children's Act require treatment from the Poor Law medical officer, while no provision is made in this section for remuneration of such increased services.
- (b) That, whilst favouring the drafting of schemes for public medical services and stating main principles affecting contract practice, the policy of the Association should be to curtail and not to encourage contract practice as far as possible, as injurious to the interests of the profession.

Entertainment Fund.—Subscriptions to the amount of £2 2s. 6d. were collected for the entertainment fund. It was proposed and carried unanimously:

That all members of the Division be asked to contribute a minimum sum of 2s. 6d. every year.

Contract Practice.—The resolution to endeavour to secure combined action in contract practice in the Division was carried unanimously.

Discussion.—Dr. LAURISTON SHAW then opened a discussion on Dilatation of the Stomach, in which several members joined. A very hearty vote of thanks was carried with applause.

Next Meeting.—At the invitation of the members at High Wycombe, it was decided to hold the next meeting there in September.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SOUTH-WEST WALES DIVISION.

THE annual meeting of the Division was held at the Infirmary, Carmarthen, on Monday, June 7th, Dr. D. R. PRICE in the chair. There were present: Drs. Hopkin, R. G. Price, Owen Williams, E. Ward, D. A. Hughes, David Phillips, Matthias, T. Morgan, T. J. Jenkins, J. R. Evans, E. R. Williams, and Parry.

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Election of Officers.—The following officers were then elected: *Chairman*, Dr. Richard Hopkin, Llangadock; *Chairman-elect*, Dr. J. Edgar P. Davies, Llanelli; *Secretary and Treasurer*, Dr. D. R. Price, Ammanford; *Representatives on Branch Council*, Dr. Hopkin, Dr. Owen Williams, and Dr. J. E. P. Davies; *Representatives on Branch Contract Practice Committee*, Dr. D. J. Williams, Dr. O. Williams, and Dr. S. J. Roderick; *Executive Committee*, Drs. Bowen Jones, D. A. Hughes, D. Phillips, S. J. Roderick, Matthias, Samuel Williams, R. G. Price, Evan Evans, and T. Morgan.

Rules of the Division.—These were considered, and the alterations suggested by the sub-committee appointed for the purpose were adopted. It was resolved that the rules be printed and circulated, and that a special meeting be held to draw up a scale of fees for private and contract practice.

Coroners Act.—It was resolved to inform the Medical Secretary that, in the opinion of this Division, no information should be given to a coroner without a fee unless an inquest is afterwards held.

Treatment of Defective School Children.—On this question the following resolution was passed:

The Division is of opinion that children found defective should be referred to their own medical attendant, and when the parents are unable to pay, the cost be borne out of public funds.

Papers.—Dr. PHILLIPS, Llandilo, read an interesting paper on pneumonia. Drs. R. G. PRICE, OWEN WILLIAMS, and EDGAR DAVIES joined in the discussion.

The matron at the infirmary very kindly provided tea for the members.

SOUTH-WESTERN BRANCH:

TORQUAY DIVISION.

A meeting of this Division was held at the Torbay Hospital on Friday, June 25th, at 4.30 p.m.

The attendance was not sufficient to form a quorum (3). The membership of the Division is 86.

We have received the following letter from the Honorary Secretary:

June 26th.

SIR,

I shall be obliged if you will publish the enclosed agenda complete, with the additions I have made and this letter. That such an important agenda should result in no quorum would at first suggest how very busy the doctors of the neighbourhood must be. But there are many retired doctors in the district, more than enough to easily give such a modest quorum.

The result must surely call for serious reflection. Is the Association in a condition to receive a Charter with advantage to its members?

Would it not be better to face the facts fairly, and return to the management by one aided by the Representative Meeting? The alternative, supposing the Charter is pressed, will probably be numerous resignations; for what confidence can any one have in a business worked by doctors?—I am, etc.,

GRIFFITH C. WILKIN.

The agenda was as follows: (1) Minutes of the last ordinary meeting; (2) inquiry into unqualified practice; (3) expenditure of Divisions and Branches; (4) any other business.

With regard to the second matter on the agenda it was pointed out on the circular convening the meeting that evidence as to unqualified practice may be divided into: (1) Evidence as to unqualified practice carried on locally—for example, bonesetters, spiritualistic and magnetic healers, vendors of abortifacients, procurers of abortion, herbalists, prescribing chemists, etc. (2) Evidence as to unqualified practice carried on locally, but advertised widely, such as various "institutes," the well-known patent medicines, hernia, consumption, catarrh, asthma, and other quacks, etc. It would be interesting to have evidence collected near the centre of operations of unqualified practitioners who, besides advertising largely, often receive patients coming from a distance. (3) Evidence as to the local effects of unqualified practice by quacks residing elsewhere, who advertise widely. (4) The evidence should be definite and concise, and consist of statements of fact, and not of opinion.

[One or two verbal modifications have been made under (2).]

ULSTER BRANCH.

PORTADOWN AND WEST DOWN DIVISION.

The spring meeting was held in the Anchor Café, Portadown, on April 7th, at 3 p.m., Dr. AGNEW in the chair. Nineteen members were present.

Representative at Representative Meeting.—Dr. DARLING was unanimously re-elected Representative for Representative Meeting.

Paper.—Mr. A. FULLERTON read a very interesting paper on recent methods of diagnosis in genito-urinary surgery, showing specimens and demonstrating the instruments most in use for diagnosis. Most of the members present took part in the discussion that followed, and Mr. Fullerton was elected an honorary member of the Division.

Next Meeting.—It was decided to hold the next meeting in Warrenpoint on June 22nd.

SUMMER MEETING.

The summer meeting was held in the Old Town Hall, Warrenpoint, on June 22nd at noon. Dr. AGNEW was in the chair, and twenty-seven members were present.

Statement of Accounts.—The HONORARY SECRETARY submitted the statement of accounts for the year, showing £5 2s. 9d. in hand, as against £5 0s. 3d. a year ago, the grant from the Branch of £5 3s. 6d. just covering expenses. On the motion of the CHAIRMAN, seconded by Dr. S. E. MARTIN, the statement was approved.

Election of Officers.—The following were unanimously elected officers for the ensuing year: *Chairman-elect*, Dr. Agmondisham Vesey; *Vice-Chairmen*, Drs. Graves and Rowlett; *Honorary Secretary and Representative*, Dr. J. Singleton Darling; *Members of Branch Council*, Drs. Agnew, Lawless, and Taylor; *Executive Committee*, Drs. Fergus, W. E. Hadden, Deane, Flood, S. E. Martin, and Glenny.

Papers.—Professor ANDERSON read papers on (1) some effects of motion; (2) effects of pressure on heart; (3) relation of muscles to bones, and was thanked by the CHAIRMAN.

Entertainment by Warrenpoint Urban Council.—The meeting then adjourned, and, on the invitation of Warrenpoint Urban Council and Amusements Committee, inspected the very fine new baths recently opened by the Lord Lieutenant. The members and their lady friends were most hospitably entertained by the Council to luncheon in the Pavilion, the Chairman, Mr. Carroll, in the chair, and then taken for a sail on Carlingford Lough in the Lough steamer, stopping at Carlingford Castle, where afternoon tea was provided. A delightful day was spent. The Chairman of Council, the Town Clerk (Mr. McKernan), and Mr. J. E. Connor, J.P., Secretary of the Amusements Committee, with Mr. Johnston, solicitor, were untiring in their efforts to make everything as enjoyable as possible, Mrs. Carrola, Mrs. Johnston, and other local ladies heartily aiding them.

Vote of Thanks.—The thanks of the Division were subsequently sent to the Council for their generous hospitality.

WORCESTERSHIRE AND HEREFORDSHIRE BRANCH.

The annual meeting of this Branch was held on June 10th at the Imperial Hotel, Malvern, Mr. EDGAR MORRIS, President, in the chair. The following members were present: Drs. Geo. W. Crowe, A. O. Holbeche, E. S. Robinson, J. Mabyne Reade, Bertram Addenbrooke, Guy S. Thompson, Arthur R. Green, Edgar Averay-Jones, Herbert Jones, T. Bates, Thomas Turner, J. W. Miller, D. D. Gold, Ed. B. Ffennell, Laurence D. Pole, S. C. Legge, John Steed, A. Baird, H. Neville Crowe, John J. Cowan, H. Jacob, C. S. Morrison (Honorary Secretary).

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Election of Officers.—The following were elected officers for the ensuing year: *President*, Dr. G. W. Crowe (Worcester); *President-elect*, Dr. John Steed (Hereford); *Honorary Secretary and Treasurer*, Mr. C. S. Morrison (Hereford); *Representative on Central Council with Gloucestershire Branch*, Mr. H. Jones (Hereford).

Financial Statement and Report of Council.—The Council presented the financial statement, and *inter alia* drew attention of members to the recent intimation received from the Central Organization Committee that the capitation grant allocated per member had been reduced from 4s. to 2s., and the future intention of the central authority to exercise their discretionary power of augmenting or reducing the grant in accordance with the value of the work accomplished by any Branch. Members were reminded that social legislation intimately touching the legitimate activities of the profession has been the outstanding feature of all the medico-political business brought before the Divisions in the past year, and the council of the Branch would urge upon members the necessity of being alert to the dangers which threatened them by undue interference with many of their prescriptive and exclusive rights and discretions. Even provincial and cottage hospitals were threatened to be made the mere "medical departments" of local authorities. The council drew attention and expressed its strong objection to the alteration proposed by the Southern Branch to the scheme of grouping, by which it was proposed to substitute Oxford for Gloucester for the election of representatives of Divisions to the Central Council. The scheme of grouping proposed by the Southern Branch was an alteration of the scheme of

grouping devised on well-defined general principles by the Central Organization Committee of the Association. These principles were totally ignored in the proposal put forward by the Southern Branch. The council concluded its annual report with a reference to a pleasing incident—namely, the support extended by the Society of Medical Officers of Health in dealing with a matter of public importance involving a principle which, if accepted, was likely to work prejudicially in the future as a precedent. It was moved and seconded that the Secretary forward the resolution of protest against the reduction of the capitation grants to the Central Council.

Installation of New President.—At the conclusion of business, Mr. EDGAR MORRIS introduced his successor, Dr. G. W. Crowe (Worcester), as President for the year.

Vote of Thanks to Retiring President.—A hearty vote of thanks was accorded to the retiring President.

Papers.—Dr. Crowe read a paper—Notes on a Case of Pneumonia Treated with Pneumococci Vaccine—showing the marked improvements which followed the whole symptom complex of an anxious intractable case by a single injection. Mr. EDGAR MORRIS read notes on cases of gastro-jejunostomy, inviting opinions on the methods adopted.

Cinematographic Exhibition.—A series of films were exhibited by the cinematograph, showing movements characteristic of various diseases of the nervous system. This concluded the business.

LANCASHIRE AND CHESHIRE BRANCH: LIVERPOOL AND BIRKENHEAD COMBINED DIVISIONS.

Hospital Abuse.

DR. HUBERT ARMSTRONG (Liverpool) writes:

May I be permitted to enter a protest against the report of the meeting of the combined Divisions of Liverpool and Birkenhead printed in the SUPPLEMENT for June 26th?

It is not a fair statement of the facts that "the St. Paul's Hospital is arranging to place a ward of ten beds and ten cots and the services of its medical staff at the disposal of the public health authorities," etc. The truth is that the Hospital Committee is striving to raise money to rebuild the hospital, and the new building is to have the accommodation for ophthalmia cases raised from four (as at present) to ten beds and cots (as stated). Use is made, and will continue to be made, of the notification of such cases obtained by the public health authorities from the midwives attending the hospital class of patient, in order that earlier treatment may be secured than is otherwise often the case; and mother and child are removed to the hospital in the public ambulance, just as any accident is removed to a general hospital. There has never been any suggestion that the ward should be "at the disposal of the public health authorities," whose control over the admissions would be limited to the recommendation of suitable cases, and over the staff and treatment absolutely non-existent. I am told that so far not more than 10 per cent. of the admissions have been made with the co-operation mentioned.

It is equally unfair to have omitted all reference to the Hospital Abuse Committee's action, taken without consultation of the Divisions, and evidenced by the correspondence which formed part of the report. It was, I think, undoubtedly this action, rather than the laudable recommendations reported, which the meeting repudiated by its vote.

The concluding paragraphs convey a wrong impression, for Dr. Harvey was obviously out of order in attempting to speak after the closure had been carried, and to say he "was refused a hearing" is a discourtesy to the chairman.

Finally, though the minority quite possibly numbered 21 (I believe it did), the majority appeared so much greater that no figures were given to the meeting; 29 is consequently an uncorroborated count, and in the electric state of the atmosphere prevailing it is highly improbable that a third of those present did not vote.

Personally I have a great distaste for polemics, but while striving to make this letter as free from offence as possible, I must again say that I do think, with others to whom I have spoken, that, in view of the feeling raised locally, a fairer report might have been sent you, and hope that you may find room for this protest in default of any other carrying greater weight.

To ensure the insertion of notices in this column, they must be received at the Central Offices of the Association not later than the first post on Tuesday.

Association Notices.

ANNUAL GENERAL MEETING.

Notice is hereby given that the 1909 Annual General Meeting of the British Medical Association will be held in the Assembly Hall, Belfast, on Friday, July 23rd, at Twelve noon.

[This Meeting is to comply with Article XII, and will adjourn forthwith until Tuesday, July 27th, at 2.30 o'clock.]

ANNUAL REPRESENTATIVE MEETING.

Also, notice is hereby given that the 1909 Annual Representative Meeting will be held in the Assembly Hall, Belfast, on Friday, July 23rd (and following days as required), immediately after the Annual General Meeting, fixed for Twelve noon, on Friday, July 23rd.

BY ORDER OF THE COUNCIL,

GUY ELLISTON.

May, 1909.

BRANCH AND DIVISION MEETINGS TO BE HELD.

CAMBRIDGE AND HUNTINGDON BRANCH.—The annual meeting of the Cambridge and Huntingdon Branch will be held at Cambridge on Tuesday, July 13th, at 12.30.—H. B. RODERICK, Honorary Secretary, Cambridge.

DORSET AND WEST HANTS BRANCH.—The summer meeting of this Branch will be held in Christchurch, Hants, on Wednesday, July 7th.—JAMES DAVISON, Honorary Secretary, "Streteplace," Bournemouth.

EAST ANGLIAN BRANCH.—The annual meeting will be held at the Grand Hotel, Clacton-on-Sea, on Thursday, July 8th. Programme of proceedings: 12.20 o'clock, Council meeting. 12.40 o'clock, general meeting. Agenda: (1) Minutes of last meeting; (2) annual report; election of officers; financial report. 1 o'clock, luncheon, by kind invitation of the President-elect, Dr. W. H. Slimon, J.P. 2.30 o'clock, resumed general meeting. Introduction of Dr. Slimon as President of the Branch. (3) Address by W. H. Slimon, M.D., J.P., Vice-President-elect of the Obstetrical and Gynaecological Section of the Royal Society of Medicine, on Severe Gastric Disturbances caused by Trivial Pathological Conditions of the Uterus and Adnexae. (4) H. Macnaughton-Jones, M.D., etc., President-elect of the Obstetrical and Gynaecological Section of the Royal Society of Medicine, will read a paper on Uterine Haemorrhage. Exhibition of surgical instruments, drugs, etc.—B. H. NICHOLSON, H. A. BALLANCE, J. GUTCH, Honorary Secretaries.

EDINBURGH BRANCH.—The annual business meeting of the Branch will be held in the Hall of the Royal College of Physicians, Queen Street, Edinburgh, on the afternoon of Wednesday, July 7th, at 4 o'clock p.m. In addition to the business meeting, a discussion will take place upon the treatment of chronic constipation at 4.45 p.m. Members will dine together in the Royal British Hotel at 6.30 o'clock.—A. LOGAN TURNER, FRANCIS D. BOYD, Honorary Secretaries.

LANCASHIRE AND CHESHIRE BRANCH.—*Science Committee.*—Gentlemen who would be willing to give addresses, demonstrations, etc., at Division meetings during the course of next winter will oblige by sending their names and the title of the subjects they propose to deal with as soon as possible to F. CHARLES LARKIN, Branch Secretary, 54, Rodney Street, Liverpool.

NORTH OF ENGLAND BRANCH.—The annual meeting of this Branch will be held on Tuesday, July 6th, at the Royal Victoria Infirmary, Newcastle-on-Tyne. 9 a.m. to 1 p.m.: The Executive Committee of the Newcastle Division B.M.A. are making the following arrangements to hold an "all-day" scientific meeting, and desire hearty co-operation of all medical men residing in the Branch. Gentlemen showing cases or specimens

are asked to be good enough to communicate their intention to Mr. Ouston, 1, Saville Place, Newcastle-on-Tyne. 1 p.m.: Lunch. Business: 2 p.m. Mr. Rutherford Morison, Senior Surgeon Royal Victoria Infirmary, President-elect, will take office as President of the Branch for 1909-10. (1) Election of Honorary Secretaries and Treasurer. (2) Election of President-elect. 3.30 p.m.: Visit to Walkergate Fever Hospital, where some very interesting cases will be shown. Visit to Armstrong and Whitworth Works, Elswick. Golf match.—A. E. MORISON, President, D. F. TODD, Honorary Secretary and Treasurer, Sunderland.

NORTH WALES BRANCH.—The annual meeting will be held at Blaenau Festiniog, on Tuesday, July 13th.—H. JONES ROBERTS, Honorary Secretary, Penygroes.

SOUTH-EASTERN OF IRELAND BRANCH.—A meeting of this Branch, as also a meeting of the Branch Council and the local Division, will be held at the Club House, Carlow, on Wednesday, July 7th, at 5.30 o'clock. Agenda: (1) Minutes of last meeting. (2) Letters of apology. (3) Correspondence. (4) Dr. O'Brien will move: That the third Wednesday in June be fixed for our future annual Branch meetings at Clonmel, at 12 noon. (5) Dr. Laffan will move: That that portion of Dr. Walshe's resolution designated (a) and carried as amended at Clonmel, which refers to the introduction of the competitive system into the Irish Poor Law Service or into any part thereof, be and is hereby rescinded. (6) Any other business.—J. QUIRKE, Honorary Secretary, Piltown.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: MONMOUTHSHIRE DIVISION.—A meeting of this Division will be held at The Cedars, Chepstow (the residence of Dr. A. G. Lawrence), on Friday, July 9th, at 3 p.m.—R. J. COULTER, W. BASSETT, Honorary Secretaries, Newport.

CENTRAL MIDWIVES BOARD.

A SPECIAL penal meeting of the Central Midwives Board was held at Caxton House, Westminster, on June 24th, with Dr. F. H. CHAMPNEYS in the chair.

Midwives Censured.

The following charges alleged against the midwife Emma Pitman were considered:

That, having been in attendance as a midwife at a confinement on January 2nd, 1909, and following days, she falsely entered in her register of cases that her last visit was on January 12th, and that the condition of the mother was then good, whereas in fact she was in attendance on the mother until her death on January 14th. Also that being in attendance as a midwife at a confinement, the patient suffering from persistently offensive lochia with abdominal tenderness and a rise of temperature above 100.4° F., she did not explain that the case was one in which the attendance of a registered medical practitioner was required, nor did she hand to the husband or the nearest relative or friend present the form of sending for medical help, properly filled up and signed by her, in order that it might be immediately forwarded to the medical practitioner, as required by Rules E 18 and 19.

After deliberation the Board severely censured this midwife. The Chairman expressed the regret of the Board that the Bridgwater District Nursing Association had failed in its duty to the public by refusing to allow one of its nurses—a material witness—to give evidence.

The following charges alleged against the midwife Eliza Thompson were considered:

That, being in attendance as a midwife at three confinements, and having advised in each case that medical aid should be summoned, she failed to notify the local supervising authority thereof, as required by Rule E 20, and that she habitually neglected, after repeated warnings, to do so.

After deliberation the Board censured this midwife.

At the ordinary monthly meeting of the Board held the same day the following business *inter alia* was transacted:

Midwives Summoning Medical Assistance.

A letter from Dr. Thresh, County Medical Officer for Essex, as to the refusal of medical practitioners in a country district of Essex to attend when summoned on the advice of a midwife was further considered. A letter on the same subject was considered from Mrs. Gifford, Honorary Secretary of the Aldham, Copford, and Mark's Tey Nursing Association. The Secretary, Mr. Duncan, was instructed to reply that no blame can attach to the midwife if she strictly carries out the rules of the Board as to summoning medical assistance.

Simplification of Wording of Examination Papers.

A letter was considered from the Secretary of Queen Victoria's Jubilee Institute for Nurses asking the Board to request the examiners to simplify as far as possible the wording of the examination papers. The Board decided to reply that the matter was receiving its attention.

Prescribing by Midwives.

A letter was considered from the General Secretary of the Medical Defence Union as to a certified midwife prescribing for a patient suffering from influenza, and appending the initials C.M.B. to her name. The Board decided to inform the Medical Defence Union that the midwife had undertaken to discontinue the use of the initials C.M.B., and that it did not appear from the evidence before the Board that the midwife had prescribed.

Naval and Military Appointments.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty: Surgeon F. E. BOLTON to Chatham Hospital, June 15th; Surgeon M. J. LAFFAN, M.B., to the *Implacable*, June 15th; Staff Surgeon P. T. SUTCLIFFE, M.B., to the *Victory*, additional, for disposal, June 18th.

The following temporary appointments have been made for the manœuvres, dated June 14th: Fleet Surgeon P. E. MAITLAND to the *Diamond*; Fleet Surgeon F. W. PARKER to the *Niobe*; Staff Surgeon R. T. GILMOUR to the *Spartiate*; Staff Surgeon J. G. WATT to the *Andromeda*; Surgeon J. GLAISTER, M.B., lent to the *Circe*.

ROYAL NAVAL VOLUNTEER RESERVE.

ALBERT JAMES GILBERTSON, M.B., B.S., has been appointed Surgeon, June 24th.

ARMY MEDICAL SERVICE.

ROYAL ARMY MEDICAL CORPS.

THE undermentioned officers have been appointed Medical Officers, London Recruiting Area: Lieutenant-Colonel S. C. PHILSON, Majors W. HALLARAN, M.B., A. E. MILNER, and F. R. BUSWELL.

Lieutenant-Colonel H. J. R. MOBERLY, who is serving in India, assumed the officiating charge of the office of Principal Medical Officer, Presidency and Assam Brigades, from April 13th.

The undermentioned officers on the Indian establishment will be time expired during the trooping season of 1909-10: Lieutenant-Colonel F. P. NICHOLS, M.B., F. J. JENCKEN, M.B., W. W. PIKE, D.S.O., E. H. L. LYNDEN-BELL, M.B., J. R. STUART, M.B., G. WILSON, M.B., W. C. BEEVER, C.M.G., M.B., S. F. FREYER, C.M.G., M.D., J. R. FORREST, H. A. HAINES, M.D., G. E. HALE, D.S.O., W. T. SWAN, M.B., C. T. BLACKWELL, M.D., P. C. H. GORDON, H. D. ROWAN, M.B., H. COCKS, M.B., F. W. G. GORDON-HALL, M.B., A. KENNEDY, H. P. & ELKINGTON, H. M. ADAMSON, M.B., A. R. ALDRIDGE, M.B., D. M. O'CALLAGHAN, R. HOLYOAKE, F. S. LE QUÈSNE, V.C., and A. L. F. BATE; Majors E. A. BURNSIDE, B. J. INNISS, R. C. THACKER, A. J. LUTHER, H. E. WINTER, J. W. JENNINGS, D.S.O., C. DALTON, C. W. DUGGAN, M.B., J. McDERMOTT, M.B., H. W. K. READ, J. B. ANDERSON, E. S. CLARK, M.B., K. M. CAMERON, M.B., M. BOYLE, M.B., F. KIDDLE, M.B., J. GRECH, ST. J. B. KILLERY, G. T. K. MAURICE, W. E. HUDLESTON, and M. M. RATTRAY, M.B.; Captains C. H. HOPKINS, J. G. BERNE, G. B. CARTER, M.B., S. O. HALL, J. H. BRUNSKILL, M.B., A. J. HULL, A. B. SMALLMAN, M.B., W. F. ELLIS, S. M. MEADOWS, T. E. HARTY, B. G. PATTEN, D. P. WATSON, M.B., J. E. POWELL, F. M. M. OMMANNEY, R. H. MACNICOL, M.B., S. L. PALLANT, C. R. SYLVESTER-BRADLEY, J. D. RICHMOND, M.B., M. C. WETHERELL, M.D., H. C. HILDRETH, W. McD. McDOWALL, R. T. COLLINS, T. J. WRIGHT, A. C. OSBURN, F. J. TURNER, J. FAIRBAIRN, M.B., J. H. DOUGLASS, M.D., R. R. LEWIS, A. L. OTWAY, M.B., F. H. NOKE, M.D., W. F. H. VAUGHAN, R. B. HOLE, M.B., T. C. LUCAS, M.B., G. E. CATHCART, W. WILEY, M.B., H. HARDING, M.B., J. A. TURNBULL, M. F. GRANT, M. D. AHERN, F. J. GARLAND, M.B., A. A. MEADEN, S. C. BOWLE, and A. S. ARTHUR, M.B. Of these officers, Lieutenant-Colonel Lynden-Bell has exchanged with Lieutenant-Colonel Simpson; Lieutenant-Colonel Stuart will attain the age for retirement on March 17th, 1910; Lieutenant-Colonel Freyer and Major Duggan proceed home on retirement. The services of Captains Smallman, Powell, Ellis, Lucas (Surgeon to the Governor of Bombay), Meaden, and Bowle are extended by one year each to the season of 1910-11.

Major A. G. THOMPSON, M.B., who is serving in India, at the Brigade Laboratory, Ferozepore, is appointed a Specialist in the Prevention of Disease.

INDIAN MEDICAL SERVICE.

MAJOR A. G. HENDLEY, Bengal, retires from the service, June 25th. He was appointed Surgeon, March 30th, 1889, and became Major, March 30th, 1901.

Captain A. F. HAMILTON, M.B., is appointed Specialist in Advanced Operative Surgery, 6th (Poona) Division.

The promotion to be Colonel of Lieutenant-Colonel R. N. CAMPBELL, Bengal, which has been already announced in the BRITISH MEDICAL JOURNAL, has received the approval of the King.

The promotion to be Major of Major A. LEVENTON, Bengal, is anticipated from July 29th, 1907, to January 29th, 1907.

The promotion of Major J. M. WOOLLEY, M.B., to be Major is anticipated from January 28th, 1909, to July 29th, 1908.

ROYAL ARMY MEDICAL CORPS SCHOOL OF INSTRUCTION.

MAJOR C. C. FLEMING, D.S.O., M.B., Royal Army Medical Corps, to be Instructor, vice Major J. D. FERGUSON, D.S.O., June 13th.

TERRITORIAL FORCE.

INFANTRY.

SURGEON-CAPTAIN H. J. TAYLOR, from the 2nd Volunteer Battalion the Loyal North Lancashire Regiment, to be Surgeon-Captain, 5th Battalion the Loyal North Lancashire Regiment, with precedence as in the Volunteer Force, April 1st, 1908.

ROYAL ARMY MEDICAL CORPS.

Lowland Mounted Brigade Field Ambulance.—The transfer as a Transport Officer, with the honorary rank of Lieutenant, of Lieutenant R. B. CARSLAW, M.B., Transport Officer, from the Scottish Command, Glasgow Companies, Royal Army Medical Corps (Volunteers), which was announced in the *London Gazette* of July 14th, 1908, is cancelled. Lieutenant R. B. CARSLAW, M.B., Transport Officer, from the Scottish Command, Glasgow Companies, Royal Army Medical Corps (Volunteers), to be Lieutenant, with precedence as in the Volunteer Force, dated April 1st, 1908.

Third Lowland Field Ambulance.—Captain A. M. MCINTOSH, M.B., to be Major, April 1st, 1909. Lieutenant D. J. GRAHAM, M.D., from the Attached to Units other than Medical Units List, to be Lieutenant, dated July 3rd, 1908.

First Welsh Field Ambulance.—THOMAS SMYTH to be Lieutenant, May 1st, 1909.

Fourth Southern General Hospital.—The undermentioned are appointed officers whose services will be available on mobilization, dated September 25th, 1908: To be Lieutenant-Colonels: HENRY DAVY, M.D., E. J. DOMVILLE, E. L. FOX, M.D., J. E. SQUARE, F.R.C.S. (Eng.). To be Majors: JOHN MORTIMER, M.B., A. C. ROPER, F.R.C.S. Edin., A. N. DAVIS, W. L. WOOLCOMBE, F.R.C.S. Edin., R. L. RUTHERFORD, M.D., R. H. LUCY, M.B., F.R.C.S. Eng., W. C. WILSON, M.D., RUSSELL COOMBE, M.D., F.R.C.S. Eng. To be Captains: J. W. GILL, C. E. BEAN, F.R.C.S. Edin., J. H. DAVE, M.B., G. F. ALDOUS, F.R.C.S. Edin., R. V. SOLLY, M.D., F.R.C.S. Eng., HENRY ANDREW, E. G. S. SAUNDERS, M.D., W. C. HAMILTON, M.B., W. L. PETHYBRIDGE, M.D., G. J. ARNOLD, F.R.C.S. Eng., G. O. SANDFORD, M.D., THOMAS HORTON, M.D., C. D. LINDSEY, M.D., BRENNAN DYBALL, M.B., F.R.C.S. Eng., C. L. LANDER, M.B., G. A. ROBERTS, F.R.C.S. Eng., A. E. CARVER, M.D., E. G. SMITH.

Second London (City of London) Field Ambulance.—REGINALD E. BICKERTON, M.B., to be Lieutenant, April 13th.

Third London (City of London) Field Ambulance.—Captain H. C. PHILLIPS resigns his commission, May 8th; BERNARD E. POTTER, M.B., to be Lieutenant, May 12th.

Sixth London Field Ambulance.—EDWARD P. MINETT, to be Lieutenant, May 18th.

Second North Midland Field Ambulance.—ALBERT J. RIDDETT, to be Lieutenant, April 29th.

Third North Midland Field Ambulance.—GEORGE J. S. ATKINSON, to be Lieutenant, March 8th.

Second South Midland Field Ambulance.—SAMUEL G. WEBB, M.D., to be Lieutenant, May 19th.

Second Northumbrian Field Ambulance.—GEORGE R. ELLIS, M.B., to be Lieutenant, May 1st. The following officers to be Captains, May 8th: Lieutenant H. C. PEARSON, M.B., and Lieutenant D. A. CAMERON, M.B.

Third West Riding Field Ambulance.—Lieutenant JAMES MACKINNON, from the 1st West Riding Field Ambulance, to be Lieutenant, April 26th.

First Northern General Hospital.—To be Major, whose services will be available on mobilization: R. A. BOLAM, M.D. (late Lieutenant, 9th Battalion the Durham Light Infantry), with seniority next below Major W. G. Richardson, March 30th.

For Attachment to Units other than Medical Units.—Surgeon-Captain J. G. MARTIN, M.B., from the 2nd Volunteer Battalion the King's (Liverpool Regiment), to be Captain, with precedence as in the Volunteer Force, April 1st, 1908; Surgeon-Captain W. W. JONES, M.B., from the 3rd Volunteer Battalion the Welsh Regiment, to be Captain, with precedence as in the Volunteer Force, April 1st, 1908; Major D. SMART, M.B., from the 1st West Lancashire Field Ambulance, to be Major, May 8th; Surgeon-Captain W. B. ARMSTRONG, M.B., from the 9th (the Dumbartonshire) Battalion Princess Louise's (Argyll and Sutherland Highlanders), to be Captain, with precedence as from July 11th, 1903, May 20th. ARTHUR E. HORSFALL, M.B., late Second Lieutenant, 7th Battalion the Duke of Wellington's (West Riding) Regiment, to be Lieutenant, February 13th, 1909. EDWARD L. D. DEWDNEY, to be Lieutenant, dated March 17th, 1909. Surgeon-Captain A. P. SWANSON, from the 5th (Flintshire) Battalion the Royal Welsh Fusiliers, to be Captain, with seniority as from May 23rd, 1900, dated April 27th, 1909. Surgeon-Major W. B. MACRAX, M.D., from the 7th Battalion the Northumberland Fusiliers, to be Major, with seniority as from August 1st, 1903, dated April 1st, 1908. Surgeon-Captain P. J. LE RICHE, from the 2nd Volunteer Battalion, the Royal Sussex Regiment, to be Captain, with precedence as in the Volunteer Force, dated April 1st, 1908. Lieutenant J. A. GIBSON, M.D., resigns his commission, April 12th. Captain R. J. SWAN resigns his commission, May 3rd. Lieutenant J. E. SIMPSON, M.B., to be Captain, May 11th. Lieutenant-Colonel and Honorary Colonel (Honorary Lieutenant-Colonel in the Army) Sir James Richardson Andrew Clark, Bart., C.B., from the Royal Army Medical Corps (Militia), to be Lieutenant-Colonel with the honorary rank of Colonel, with precedence as in the Militia, dated September 20th, 1908. CUTHBERT T. BAYNHAM to be Second Lieutenant. JAMES A. DURIE and FRANCIS C. W. WYNTER to be Second Lieutenants, June 28th, 1909.

First Highland Field Ambulance.—Captain J. W. MILNE, M.B., resigns his commission, April 30th.

First Home Counties Field Ambulance.—SIDNEY W. MILNER to be Lieutenant, March 29th. GEORGE POTTS, to be Lieutenant, February 11th.

Sanitary Service.—Captain W. ARCHIBALD, M.D., resigns his commission, February 28th. To be Captain, whose services will be available on mobilization: WILLIAM BUTLER, M.B., June 5th.

First South Midland Mounted Brigade Field Ambulance.—DONALD BUCHANAN, to be Lieutenant, May 8th.

First South Midland Field Ambulance.—Major A. R. BADGER resigns his commission, June 4th.

Fifth Southern General Hospital.—The undermentioned to be officers whose services will be available on mobilization, dated July 21st, 1908: To be Lieutenant-Colonels: C. C. CLAREMONT, M.D., C. P. CHILDE, F.R.C.S. Eng., Surgeon-Lieutenant-Colonel and Honorary Surgeon-Colonel G. G. SPARROW (late 2nd Hampshire Royal Garrison Artillery, Volunteers), retired list; H. W. SHETTLÉ. To be Majors: J. R. S. ROBERTSON, M.B. (late Surgeon, Army Medical Department), A. V. FORD, JOHN PHILLIPS, M.B., J. R. KEELE, N. E. ALDRIDGE, M.B., C. F. ROUTH, M.D., W. P. PURVIS, M.D., F.R.C.S. Eng., H. P. WARD, M.B. To be Captains: T. A. M. FORDE, SAMUEL GOSS, G. H. COWEN, M.B., F.R.C.S. Eng., W. P. MCLEODOWNEY, M.B., C. A. S. RIDOUT, M.B., F.R.C.S. Eng., J. T. LEON, M.D., HAROLD BURROWS, M.B., F.R.C.S. Eng., J. H. P. FRASER, M.B., J. L. WRIGHT, E. J. D. PATROL,

M.B., THOMAS HOLMES, M.D., J. W. G. KEALY, SAMUEL HUGHES, M.B., C. H. SAUNDERS, M.B., W. P. O'MEARA, R. A. DOVE, M.B., A. W. POWER, J. T. M. MCDUGALL (late Surgeon, Royal Navy), CHARLES LAMPLUGH, M.D., M. H. WAY.

SPECIAL RESERVE OF OFFICERS.

SUPPLEMENTARY LIST.

ROBERT MAGILL, M.B., to be Lieutenant (on probation), June 7th.

Vital Statistics.

HEALTH OF ENGLISH TOWNS.

In seventy-six of the largest English towns, including London, 7,520 births and 3,801 deaths were registered during the week ending Saturday last, June 26th. The annual rate of mortality in these towns, which had been 12.6 and 12.3 per 1,000 in the two preceding weeks, further declined last week to 12.1 per 1,000. The rates in the several towns ranged from 4.9 in Ipswich, 5.2 in Willesden, 5.6 in East Ham and in Devonport, 5.7 in King's Norton, 6.6 in Wallasey, and 6.8 in Leyton, to 16.2 in Manchester, 16.6 in Salford, 16.7 in Liverpool, 16.9 in Rochdale, 17.3 in Middlesbrough, 18.6 in South Shields, 19.5 in Great Yarmouth, and 19.6 in Oldham. In London the rate of mortality was 12.1 per 1,000, being equal to the average rate in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.1 per 1,000; in London also the rate from these diseases was 1.1 per 1,000, while among the seventy-five other large towns it ranged upwards to 2.5 in Middlesbrough, 3.4 in Norwich, 3.9 in Stockton-on-Tees, 4.5 in Bootle and in Salford, and 5.5 in Wolverhampton. Measles caused a death-rate of 1.1 in Manchester, 1.2 in Gateshead, 1.3 in Coventry and in Merthyr Tydfil, 1.5 in Bootle, 1.6 in Walsall, 1.8 in South Shields, 2.0 in Great Yarmouth, 2.9 in Stockton-on-Tees, 3.0 in Salford, 3.4 in Norwich, and 5.0 in Wolverhampton; whooping-cough of 1.0 in Burnley and 1.5 in Middlesbrough; and diarrhoea of 1.0 in Portsmouth and 1.5 in Bootle. The mortality from scarlet fever, from diphtheria, and from enteric fever showed no marked excess in any of the large towns, and no fatal case of small-pox was registered during the week. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital, which had been 2,223, 2,263, and 2,445 at the end of the three preceding weeks, had further risen to 2,517 at the end of last week; 368 new cases were admitted during the week, against 275, 305, and 468 in the three preceding weeks.

HEALTH OF SCOTTISH TOWNS.

DURING the week ending Saturday last, June 26th, 926 births and 454 deaths were registered in eight of the principal Scottish towns. The annual rate of mortality in these towns, which had been 16.3, 14.5, and 15.5 per 1,000 in the three preceding weeks, declined again to 12.7 per 1,000 last week, but was 0.6 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scottish towns the death-rates ranged from 8.5 in Perth and 10.3 in Aberdeen to 18.3 in Leith and 19.7 in Dundee. The death-rate from the principal infectious diseases averaged 1.5 per 1,000 in these towns, the highest rates being recorded in Paisley and Perth. The 197 deaths registered in Glasgow included 8 which were referred to whooping-cough and 9 to diarrhoea. Five fatal cases of whooping-cough and 2 of diarrhoea were recorded in Edinburgh; 2 of typhus and 3 of diarrhoea in Dundee; 2 of diphtheria and 4 of whooping-cough in Aberdeen; and 4 of measles in Paisley.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, June 19th, 620 births and 312 deaths were registered in the twenty-two principal urban districts of Ireland, as against 627 births and 366 deaths in the preceding period. The annual death-rate in these districts, which had been 20.2, 16.4, and 16.7 per 1,000 in the three preceding weeks, fell to 14.2 per 1,000 in the week under notice, this figure being 1.9 per 1,000 higher than the mean annual death-rate in the seventy-six English towns for the corresponding period. The figures in Dublin and Belfast were 15.7 and 13.2 respectively, those in other districts ranging from 6.0 in Bandon and 9.6 in Ballymena to 21.0 in Newry and 27.3 in Waterford, while Cork stood at 16.4 and Limerick at 15.0. The zymotic death-rate in the twenty-two districts averaged 0.9 per 1,000, as against 1.3 per 1,000 in the preceding week.

During the week ending Saturday, June 26th, 531 births and 387 deaths were registered in the twenty-two principal urban districts of Ireland, as against 620 births and 312 deaths in the preceding period. The annual death-rate in these districts, which had been 16.4, 16.7, and 14.2 per 1,000 in the three preceding weeks, rose to 17.7 per 1,000 in the week under notice, this figure being 5.6 per 1,000 higher than the mean annual death-rate in the seventy-six English towns for the corresponding period. The figures in Dublin and Belfast were 19.6 and 14.8 respectively, those in other districts ranging from 4.7 in Wexford and 7.8 in Galway to 28.3 in Sligo and 29.2 in Waterford, while Cork stood at 20.5, Londonderry at 23.0, and Limerick at 8.2. The zymotic death-rate in the twenty-two districts averaged 1.1 per 1,000, as against 0.9 per 1,000 in the preceding week.

Vacancies and Appointments.

This list of vacancies is compiled from our advertisement columns, where all particulars will be found. To ensure notice in this column, advertisements must be received not later than the first post on Wednesday morning.

VACANCIES.

BOURNEMOUTH: ROYAL BOSCOMBE AND WEST HANTS HOSPITAL.—House-Surgeon. Salary at the rate of £80 per annum.
BRISTOL EYE HOSPITAL.—House-Surgeon. Salary, £80 per annum.

BURNLEY: VICTORIA HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.

CAIRO: SCHOOL OF MEDICINE.—Professor of Anatomy. Salary, £800 per annum.

CANTERBURY BOROUGH ASYLUM.—Assistant Medical Officer. Salary, £140 per annum.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—Assistant House-Surgeon. Salary, £60 per annum.

CHELTHENHAM GENERAL HOSPITAL.—Male House-Physician. Salary, £70 per annum.

CHESTER CITY AND COUNTY.—Medical Officer of Health. Salary, £500 per annum.

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.—Junior House-Surgeon. Salary, £60 per annum.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell.—House-Physician (Male). Salary at the rate of £75 per annum.

ELY EDUCATION COMMITTEE.—School Medical Officer. Salary, £250 per annum.

DERBYSHIRE ROYAL INFIRMARY.—Assistant House-Surgeon. Salary at the rate of £60 per annum.

GORDON HOSPITAL FOR FISTULA, ETC., Vauxhall Bridge Road, S.W.—Resident House-Surgeon.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physicians. Honorarium, £25 for six months each.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) House-Physician; salary, £30 for six months and washing allowance, £2 10s. (2) Locum tenent to act as bacteriologist and pathologist. Salary, £3 3s. per week.

INVERNESS: NORTHERN INFIRMARY.—House-Surgeon. Salary, £100 per annum.

LEEDS HOSPITAL FOR WOMEN AND CHILDREN.—(1) Honorary Surgeon. (2) House-Surgeon; salary at the rate of £50 per annum.

LEEDS: PUBLIC DISPENSARY.—Junior Resident Medical Officer. Salary, £100 per annum.

LONDON THROAT HOSPITAL, Great Portland Street, W.—(1) Assistant Anaesthetist; (2) Assistant Surgeon.

MOUNT VERNON HOSPITAL FOR CONSUMPTION.—(1) Junior Resident Medical Officer at Hampstead; (2) Assistant Resident Medical Officer at Northwood. Honorarium, £50 per annum each.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Surgeon for Diseases of the Ear and Throat.

NEWPORT AND MONMOUTHSHIRE HOSPITAL.—Third Resident Medical Officer. Salary, £60 per annum.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—House-Surgeon. Salary, £100 per annum.

PORTSMOUTH: ROYAL PORTSMOUTH HOSPITAL.—Assistant House-Surgeon (Male). Salary at the rate of £50 per annum.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—(1) House-Surgeon; (2) House-Physician. Salary at the rate of £50 per annum each.

ROYAL DENTAL HOSPITAL SCHOOL OF DENTAL SURGERY, Leicester Square, W.C.—Demonstrator of Practical Dental Surgery. Stipend, £40.

SOMERSET COUNTY COUNCIL.—Medical Officer of Health. Salary, £700 per annum, rising to £800.

SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—House-Physician. Salary at the rate of £100 per annum.

TIVERTON INFIRMARY AND DISPENSARY.—House-Surgeon and Dispenser. Salary, £80 per annum.

WADSLEY: WEST RIDING ASYLUM.—Fifth Assistant Medical Officer (Male). Salary, £140 per annum, rising to £160.

WEST BROMWICH DISTRICT HOSPITAL.—Resident Assistant House-Surgeon. Salary, £75 per annum.

WEST HARTLEPOOL: CAMERON HOSPITAL.—House-Surgeon. Salary, £100 per annum.

WESTON-SUPER-MARE HOSPITAL.—House-Surgeon. Salary, £100 per annum.

WHITEHAVEN AND WEST CUMBERLAND INFIRMARY.—Resident House-Surgeon. Salary at the rate of £120 per annum.

WINCHESTER: ROYAL HAMPSHIRE COUNTY HOSPITAL.—House-Physician. Salary, £65 per annum, rising to £75.

WOLVERHAMPTON UNION.—Assistant Medical Officer of the Workhouse, and Medical Officer of the Cottage Homes. Combined salary, £140 per annum.

WORCESTER COUNTY AND CITY ASYLUM, Powick.—Third Assistant Medical Officer. Salary, £140 per annum, rising to £160.

CERTIFYING FACTORY SURGEONS.—The Chief Inspector of Factories announces vacancies at Barmouth, co. Merioneth; Hythe, co. Kent; Harris, co. Inverness; Ollaberry, co. Shetland; Bellanagh, co. Cavan.

APPOINTMENTS.

ALLAN, James W., M.B., C.M., Resident Medical Officer to Bellefield Sanatorium, Lanark.

BALY, A. L., M.R.C.S., L.R.C.P., Assistant Medical Officer of the Lambeth Infirmary.

BAYLY, Hugh W., M.A. Camb., M.R.C.S., L.R.C.P., Honorary Pathologist to the London Lock Hospital.

Cox, E. Harvie, M.B., Ch.B. Manchester, Honorary Surgeon to the Rochdale Infirmary.

CROWLEY, Ralph H., M.D., M.R.C.S., Assistant Medical Officer to the Board of Education.

DOBSON, J. R. B., M.R.C.S., L.R.C.P., B.Sc., Assistant Medical Officer to the Royal Hamadryad Seaman's Hospital, Cardiff.

HEPBURN, Malcolm L., M.D., B.S. Lond., F.R.C.S. Eng., Assistant Surgeon to the Central London Ophthalmic Hospital.

INGLIS, J. P. Park, M.B., Ch.B. Edin., Assistant Medical Officer, Metropolitan Asylum, Caterham, Surrey.

ISAAC, Charles Leonard, M.B., M.R.C.S., Medical Referee under the Workmen's Compensation Act, 1906, for County Council No. 30.

JEFFREYS, W. M., B.A., M.R.C.S., L.R.C.P., House-Surgeon to University College Hospital, Gower Street, W.C.

MARTIN, Basil W., M.B., B.Ch. Aberd., Medical Officer to the Reading Dispensary.

MARTIN, E. K., M.B., B.S., F.R.C.S., L.R.C.P., House-Physician to University College Hospital.

NIALL, W. G., M.D., R.U.I., Medical Officer for the Guildford No. 2 District of the Guildford Union.

NOLAN, H., M.D., LL.D., F.I.C., Controller of the Division of Public Security, Ministry of the Interior, Egypt.

ORCHARD, H. P., M.R.C.S., L.R.C.P., Senior Assistant Medical Officer to the Whitechapel Union Infirmary.

PEARSON, J. Sidney, M.A., M.D., B.C. Cantab., etc., Pathologist and Registrar to the East London Hospital for Children, Shadwell.

PIM, A. A., F.R.C.S., L.R.C.P. Edin., District Medical Officer of the Westminster Union.

REID, A. J., M.B., Assistant Honorary Surgeon to the North Lonsdale Hospital, Barrow-in-Furness.

SANSOM, W., M.D., Assistant Honorary Surgeon to the North Lonsdale Hospital, Barrow-in-Furness.

SHERREN, James, F.R.C.S., Examiner in Anatomy for the Primary Fellowship of the Royal College of Surgeons of England.

SMITH, Grafton Elliot, M.B., M.S. Syd., Professor of Anatomy in the University of Manchester, vice Professor Young, resigned.

STEEN, Robert Hunter, M.D. Lond., Professor of Psychological Medicine, King's College, London, vice Professor E. W. White, M.B. Lond., elected Emeritus Professor.

SUCKLING, J. J., M.B., B.S., M.R.C.S., L.R.C.P., House-Surgeon to University College Hospital.

SWEETING, R. Deane, M.D. Dub., D.P.H. Camb., Examiner for the Conjoint Diploma in Public Health of the Royal Colleges of Physicians and Surgeons of England.

TASKER, H. L., M.R.C.S., L.R.C.P., Obstetric Assistant to University College Hospital.

THOMAS, Wm., M.R.C.S., L.R.C.P., District Medical Officer of the Bodmin Union.

VOSPER, S., M.R.C.S., L.R.C.P., Medical Officer to the British Lying-in Hospital, Endell Street, W.C.

WILLIAMS, Richard Thomas, L.R.C.P., Medical Referee under the Workmen's Compensation Act, 1906, for County Court Circuit, No. 30.

WILKINSON, Robert, M.D. Brux., M.R.C.S., L.R.C.P., Medical Officer of Health to Penge Urban District Council.

WOODWARD, A. S., M.B., B.S. Lond., M.R.C.P., Physician to the Casualty Department at St. Bartholomew's Hospital.

CHELSEA HOSPITAL FOR WOMEN.—The following have been appointed Clinical Assistants: Oscar Teichmann, F.R.C.S. Eng.; John R. Parry, M.D. Toronto; H. E. McEwen, M.D. Halifax; Geo. Carruthers, M.D., C.M. McGill.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

COLLINS.—On June 20th, at 3, Columbia Place, Cheltenham, the wife of J. Rupert Collins, M.A., M.D. Dub. Univ., of a daughter.

EVANS.—On the 26th June, at 10, Harley House, Regent's Park, W., the wife of Arthur Evans, M.S., M.D., F.R.C.S., of a son.

OLIPHANT.—On May 21st, at St. John's, Antigua, B.W.I., the wife of Frank B. Oliphant, M.B., C.M. Edin., Government Medical Officer, of a daughter.

MARRIAGES.

BROWN—McDOUGAL.—On Saturday, June 19th, at St. Andrew's Church, Muswell Hill, N., by the Rev. M. O. Blakelock, James McCulloch Leigh Brown, M.D., Pateley Bridge, Yorks, to Mary Grant, daughter of the late William Grant McDougal, Esq., of Edinburgh.

CUNNINGHAM—CLARENCE.—On June 17th, at All Saints, Chardstock, by the Rev. E. A. Midwinter, Vicar of St. Paul's, Marylebone, assisted by the Rev. A. W. Bull, Rector of the parish, and the Rev. J. E. B. Brine, Vicar of Studley, Oxford, John Francis, eldest son of J. K. Cunningham, of Sec Tor, Axminster, to Phyllis Lovell, youngest daughter of L. B. Clarence, of Coaxden, Axminster, late Judge of the Supreme Court, Ceylon.

DEATHS.

SCOTT.—At 48, Fountainhall Road, Aberdeen, on the 28th June, Henrietta Gordon, the beloved wife of Lieutenant-Colonel George Scott, M.B., C.M., D.P.H., late Royal Army Medical Corps, and sister of John Gordon, M.D., J.P., Aberdeen.

WOOLRABE.—At Melbourne, on May 8th, aged 33 years, Margaret (Peggy), beloved wife of Frederick Woolrabe, M.R.C.P., F.R.C.S. Edin., D.P.H., of Riccarton, near Campbelltown, Tasmania, Health Officer to Government of Queensland, Brisbane.

Hospitals and Asylums.

NORTH WIMBLEDON COTTAGE HOSPITAL.

THE thirty-ninth annual report of this hospital stated that a sufficient area of additional land had been secured, and a sum of £1,200 collected towards the cost of a proposed extension. The total number of patients treated during the year 1908 was 208, including 10 in the hospital on the first day of that year. The report records the council's high appreciation of the devoted and valuable services of Dr. Pocklington, who had been a member of the honorary medical staff since the foundation of the hospital in 1869.

RECENT PUBLICATIONS.

Transactions of the American Pediatric Society: Twentieth Session, May 25th, 26th, and 27th, 1908. Edited by L. E. la F  tra, M.D. Vol. xx. New York: E. B. Treat and Co. 1909. (Post 4vo, pp. 238.)

The volume covers the proceedings at the meeting last year at Delaware Water Gap, Pennsylvania. Among its more important contents are two papers by Drs. H. Koplik and L. E. la F  tra, dealing with the epidemic of infantile paralysis in New York in the summer of 1907. The feature of the volume as a whole, however, is an array of interesting papers on the serum treatment of cerebro-spinal meningitis and allied topics. The president, Dr. C. Gilmore Kerley, devoted his address to a consideration of the defects of public school education in the United States.

Studies in Wives. By Mrs. Belloc Lowndes. London: W. Heinemann and Co. 1909. (Post 8vo, pp. 247. 6s.)

A volume of short stories which has good points, even subordinate characters being made to stand out clearly by a few brief phrases. Its tone, however, is unpleasant throughout, for, like many other women writers, the authoress seems to delight in painting unpleasant pictures of her sex. Medical men, however, have too much experience of life not to recognize that all her wives are rare pathological specimens, not representatives of the average married woman.

Marlborough's Self-taught Series. No. 22. Persian Self-taught. By Shayk Hasan. London: E. Marlborough and Co. 1909. (Cr. 8vo, pp. 96. 2s. 6d.)

This is an addition to a well-known series of guides to elementary knowledge of various languages. The author, who writes from Cambridge, seems to have found no difficulty in adapting the phonetic system of the earlier volumes to his own language. Though Persian is a very complete language and one of much beauty, it is possibly easier to acquire a working knowledge of it without study of grammar than in the case of German and French, so that the volume may prove useful to travellers.

Progressive Medicine. Vol. i. 1909. Edited by H. A. Hare and H. R. M. Landis. London: Rebman Limited. 1909. (Roy. 8vo, pp. 277. 12s.; 4 volumes, £2.)

A synopsis of recent work and literature connected with the surgery of the head and thorax; infectious diseases; those of children; rhinology, laryngology, and otology. There is a good index. The publication appears quarterly, and in effect is a yearbook of a rather elaborate kind. Among the twenty contributors are one or two English authorities.

The Girls' School Year Book (Public Schools), April 1909, to April, 1910. London: The Year Book Press (Swan Sonnenschein and Co., Limited). (Cr. 8vo, pp. 594. 2s. 6d.)

The volume contains an account of all secondary schools for girls in the kingdom, and sundry information likely to prove useful to young women and their teachers. The various dissertations on occupations, professional and mechanical, now open to women are cases in point.

The Annual Charities Register and Digest. Edited by C. S. Loch. Eighteenth edition. London: Longmans, Green and Co. 1909. (Demy 8vo, pp. 696. 5s.)

The eighteenth issue differs little in essential details from its predecessors. Practically it consists of three parts: (1) the introduction, giving in some 70 paragraphs, occupying nearly 300 pages, a most able digest of all organized methods of relieving distress and preventing its occurrence; (2) a series of articles each written by an expert, on such subjects as the care of the blind, of sane epileptics, rescue work, and the arrest of tuberculosis; and (3) particulars of each of the charities at work within the area of the metropolis or available for its inhabitants, classified according to their objects. The index contains some 9,000 references. The book is not so well known as it should be. Were its introductory pages studied by those who have money to distribute there would be far less overlapping of charity, while those who desire to help persons in distress would find their task materially lightened.

Sister K. By Mable Hart. London: Methuen and Co. 1909. (Post 8vo, pp. 318. 6s.)

A novel with a not uninteresting plot in which the principal characters are hospital nurses. The general life of a large metropolitan hospital is sketched in outline, and some characteristic types are cleverly depicted. It is free from exaggeration and pleasant in tone.

Medical Fellowship, D.P.H. and Dental Examination Papers. Edinburgh: E. and S. Livingstone. 1909. (Pp. 288. 7½ in. × 4½ in.)

A volume containing reprints of the papers set during the past three years at the examinations of the University of Edinburgh, of the Faculty of Physicians and Surgeons of Glasgow, and of the two Royal Colleges in Edinburgh. As it would seem to contain not less than four thousand questions on medicine, surgery, hygiene, dental surgery, and the underlying sciences, it should be found useful by students preparing for examinations.

Erholungs- und Kurorte nach ihren H  henlagen. Zusammenestellt von Lasirifa. Berlin: A. Hirschwald. 1909. (Post 8vo, pp. 66. M. 0.60.)

A list of health and pleasure resorts, mainly those on the Continent of Europe, arranged according to their altitude above the sea, prefaced by a short classification according to locality. There is no alphabetical index.

DIARY FOR THE WEEK.

FRIDAY.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 11, Chandos Street, Cavendish Square, W., 8 p.m.—(1) Card Exhibit:—Dr. F. W. Edridge Green: Spectroscope for Testing Colour Perception. (2) Paper:—Messrs. A. Lawson and Mackenzie Davidson: A Preliminary Note on the Treatment of Eye Disease by Radium. (3) Presentation of the Nettleship Medal. (4) Annual General Meeting.

SATURDAY.

ROYAL SOCIETY OF MEDICINE: THERAPEUTICAL AND PHARMACOLOGICAL SECTION.—Meeting at Cambridge, 3 p.m.: Demonstrations in the Pharmacological Laboratory, by Professor W. E. Dixon and others.

POST-GRADUATE COURSES AND LECTURES.

CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, W.C.—Lectures: Tuesday, 3.45 p.m., The Nose; Friday, 3.45 p.m., The External Ear.

LONDON SCHOOL OF CLINICAL MEDICINE, Seamen's Hospital, Greenwich.—Daily arrangements: Out-patient Demonstrations, 10 a.m.; Medical and Surgical Clinics, 2.15 p.m. and 3.15 p.m. respectively; Operations, 2 p.m. Special Clinics: Ear and Throat, at noon and 4 p.m., Monday, and noon, Thursday; Skin, at noon and 4 p.m., Thursday, and noon, Friday; Eye, 11 a.m. Wednesday and Saturday; Radiography, 4 p.m., Thursday. Special Lectures: Tuesday, 2.15 p.m., Artificial Immunization in Infectious Diseases. Thursday, 2.30 p.m., Headaches and Their Treatment.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC, 22, Chenies Street, W.C.—The following clinical demonstrations have been arranged for next week, at 4 p.m. each day: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Eye. Lectures, at 5.15 p.m. each day, will be given as follows: Monday, Paralysis Agitans; Tuesday, Surgical Treatment of Cancer of the Rectum; Wednesday, Feeble-minded Children; Thursday, Acute Polyneuritis and Landry's Paralysis (illustrated by cases).

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Tuesday, 3.30 p.m., Treatment of Nervous Diseases; Friday, 3.30 p.m., Familial Ataxia, Friedreich's Disease.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—Monday, Clinics, 10 a.m., Surgical Out-patient, 2.30 p.m., Medical Out-patient: Nose, Throat, and Ear; X rays; 4.30 p.m., Medical In-patient. Tuesday, 10 a.m., Medical Out-patient Clinic; 2.30 p.m., Operations; Clinics: Surgical, Gynaecological; 4.30 p.m., Lecture: The Cess-pools of the Body: Procedures of Surgical Drainage. Wednesday, 2.30 p.m., Medical Out-patient, Skin and Eye Clinics. Thursday, 2.30 p.m., Gynaecological Operations; Clinics: Medical Out-patient; Surgical out-patient; X rays; 3 p.m., Medical In-patient. Friday, Clinic: 10 a.m., Surgical Out-patient; 2.30 p.m., Operations; Clinics: Medical Out-patient, Eye; 3 p.m., Medical In-patient; 4.30 p.m., Lecture: Subconjunctival Injections in the Treatment of Eye Disease.

POST-GRADUATE COLLEGE, West London Hospital, Hammersmith Road, W.—The following are the arrangements for next week: Daily, 2 p.m., Medical and Surgical Clinics, and X Rays; 2.30 p.m., Operations. Monday, Wednesday, and Thursday, 2 p.m., and Saturday, 10 a.m., Diseases of the Eyes. Tuesday and Friday, 2 p.m. (and Wednesday and Saturday, 10 a.m.), Diseases of Throat, Nose, and Ear; 2.30 p.m., Diseases of the Skin; 10 a.m., Gynaecological Operations. Wednesday and Saturday, 10 a.m., Diseases of Children; 2.30 p.m., Diseases of Women. Lectures: At 10 a.m., Monday and Thursday, Demonstration by Surgical Registrar; Friday, Demonstration by Medical Registrar. At 12 noon, Monday, Pathological Demonstration. At 12.15 p.m., Tuesday, Wednesday, and Saturday, Practical Medicine. At 5 p.m., Monday, Practical Surgery; Tuesday, Clinical Pathology; Wednesday, Medicine; Thursday and Friday, Clinical.

CALENDAR OF THE ASSOCIATION.

Date.	Meetings to be Held.	Date.	Meetings to be Held.
JULY.		JULY (Continued).	
4 Sunday ..			
5 MONDAY ..		13 TUESDAY ..	CAMBRIDGE AND HUNTINGDON BRANCH, Annual Meeting, Cam- bridge, 12.30 p.m. NORTH WALES BRANCH, Annual Meet- ing, Blaenau Festiniog.
6 TUESDAY ..	NORTH OF ENGLAND BRANCH, Annual Meeting, Royal Victoria Infirmary, Newcastle-on-Tyne; Scientific Meet- ing, 9 a.m. to 1 p.m.; Lunch, 1 p.m.; Business Meeting, 2 p.m.; Excur- sions and Golf Match, 3.30 p.m.	14 WEDNESDAY	
		15 THURSDAY ..	
		16 FRIDAY ..	
7 WEDNESDAY	DORSET AND WEST HANTS BRANCH, Summer Meeting, Christchurch. EDINBURGH BRANCH, Annual Business Meeting, Royal College of Physicians, Queen Street, Edinburgh, 4 p.m.; Discussion, 4.45 p.m.; Dinner, Royal British Hotel, 6.30 p.m. SOUTH-EASTERN OF IRELAND BRANCH, Club House, Carlow, 5 p.m.; also Branch Council and Local Division.	17 SATURDAY ..	CEYLON BRANCH, Clinical Meeting, Colonial Medical Library, 2.30 p.m.
		18 Sunday ..	
		19 MONDAY ..	
8 THURSDAY ..	EAST ANGLIAN BRANCH, Annual Meet- ing, Grand Hotel, Clacton-on-Sea; Council Meeting, 12.20 p.m.; General Meeting, 12.40 p.m.; Luncheon, 1 p.m.; Resumed General Meeting, 2.30 p.m.	20 TUESDAY ..	
		21 WEDNESDAY	
9 FRIDAY ..	LONDON: Poor Law Committee, 2.30 p.m. MONMOUTHSHIRE DIVISION, <i>South Wales and Monmouthshire Branch</i> , The Cedars, Chepstow, 3 p.m.	22 THURSDAY ..	ANNUAL GENERAL MEETING, Assembly Hall, Belfast, 12 noon.
10 SATURDAY ..		23 FRIDAY ..	ANNUAL REPRESENTATIVE MEETING, immediately after the Annual General Meeting.
11 Sunday ..		24 SATURDAY ..	ANNUAL REPRESENTATIVE MEETING, 9.30 a.m.
12 MONDAY ..	LONDON: Election Returns Committee, 2.30 p.m.	25 Sunday ..	
		26 MONDAY ..	ANNUAL REPRESENTATIVE MEETING, 10 a.m.
		27 TUESDAY ..	CENTRAL COUNCIL, 10 a.m. ANNUAL REPRESENTATIVE MEETING, 10.30 a.m., if required.
		28 WEDNESDAY	CENTRAL COUNCIL, 9.30 a.m. ANNUAL REPRESENTATIVE MEETING, 10.30 a.m., if required.
		29 THURSDAY ..	CENTRAL COUNCIL, 9.30 a.m.
		30 FRIDAY ..	

MEMBERSHIP OF THE BRITISH MEDICAL ASSOCIATION.

THE British Medical Association exists for the promotion of medical and the allied sciences, and the maintenance of the honour and the interests of the medical profession.

The Annual Subscription to the British Medical Association is £1 5s. 0d., and the BRITISH MEDICAL JOURNAL is supplied weekly, post free, to every member of the British Medical Association, wherever he may reside.

Forms of application for membership can be obtained from the General Secretary, 429, Strand, W.C.

The principal rules governing the election of a medical practitioner to be a member of the British Medical Association are as follow:

Article III.—Any Medical Practitioner registered in the United Kingdom under the Medical Acts and any Medical Practitioner residing within the area of any Branch of the Association situate in any part of the British Empire other than the United Kingdom, who is so registered or possesses such medical qualifications as shall, subject to the regulations, be prescribed by the Rules of the said Branch, shall be eligible as a Member of the Association. The mode and conditions of election to Membership shall from time to time be determined by or in accordance with the By-laws. Every Member, whether one of the existing Members or a subsequently-elected Member, shall remain a Member until he ceases to be a Member in accordance with the provisions hereof.

By-law 1.—Every candidate for Membership of the Association shall apply for election in writing, addressed to the Association, and stating his agreement, if elected, to abide by the Regulations and By-laws of the Association, and the Rules of such Division and Branch to which he may at any time belong, and to pay his subscription for the current year.

By-law 2.—Every candidate who resides within the area of a Branch shall forward his application to the Secretary of such Branch. Notice of the proposed election shall be sent

by the Branch Secretary to the General Secretary of the Association, and to every Member of the Branch Council, and the candidate, if not disqualified by any Regulation of the Association, may be elected a Member of the Association by the Branch Council at any meeting thereof held not less than seven days (or such longer period as the Branch may by its Rules prescribe) after the date of the said Notice. A Branch may by special Resolution require that each candidate for election to the Association shall furnish a certificate from two Members of the Association to whom he is personally known. Officers of the Navy, Army, and Indian Medical Services on the Active List are eligible for election through the Council or a Branch without approving signatures as laid down in By-law 3.

By-law 3.—Every candidate whose place of residence is not included in the area of any Branch shall forward his Application to the General Secretary of the Association, together with a statement signed by three Members of the Association, that from personal knowledge they consider him a suitable person for election. Notice of the proposed election shall be sent by the General Secretary to every Member of the Council, and the candidate, if not disqualified by any Regulation of the Association, may be elected a Member of the Association by the Council at any meeting thereof held not less than one month after the date of the said notice.

The annual subscription to the BRITISH MEDICAL JOURNAL for non-members is £1 8s. 0d. for the United Kingdom, and £1 15s. 0d. for abroad.